

Jose O. Arteaga
 FULL NAME
Mule Creek S.P. A5 #111
 COMMITTED NAME (if different)
Po Box 409020
 FULL ADDRESS INCLUDING NAME OF INSTITUTION
Ione, CA 95640
#V29993
 PRISON NUMBER (if applicable)

FILED

OCT 11 2022

 CLERK U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY *[Signature]* DEPUTY CLERK

 UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

<u>Jose O. Arteaga,</u> <u>PLAINTIFF,</u> <u>v.</u> <u>J. Garcia, et al.</u> <u>DEFENDANT(S).</u>	<u>CASE NUMBER</u> 22-cv-01292-EPG (PC) <i>To be supplied by the Clerk</i>
	CIVIL RIGHTS COMPLAINT PURSUANT TO (Check one) <input checked="" type="checkbox"/> 42 U.S.C. § 1983 <input type="checkbox"/> Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: Yes No
2. If your answer to "1." is yes, how many? About #5

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

RECEIVED

OCT 11 2022

 CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA
 BY *[Signature]* DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

Jose Arteaga

(Name of Plaintiff)

V-29993, M-C-S-P-A5 #107

(Case Number)

(Address of Plaintiff)

PO BOX 409020, Lone, CA
95640

CIVIL RIGHTS

vs.

COMPLAINT

① J. Garcia

42 U.S.C § 1983

② A. Fugate / Amin. Manish

③ D. Neve, And John Doe's / E. Clark

(Names of Defendants)

1 — 12

I. Previous Lawsuits:

A. Have you brought any other lawsuits while a prisoner: Yes No

B. If your answer to A is yes, how many: _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. _____

_____ Medical STAFF as Defendants
John Doe's #13, 14, 15.

Defendants _____

PREVIOUS LAWSUIT'S

NO

YES

PARTIES

COURT'S

①. ARTEAGA V. HARLEM

"CENTRAL"
DISTRICT

Case# 2:16-cv-07702
(SETTLED)

②. J. ARTEAGA V. WEST. ET AL.

"EASTERN"
DISTRICT
SACRAMENTO.

Case# 2:20-cv-00752.

(Pending)

③. J. ARTEAGA V. P. CASTELLANOS.

"DISTRICT"
CENTRAL

Case# 2:21-cv-08827-DDP-KK

(Pending)

④. J. ARTEAGA V. NEVE, ET AL.

"EASTERN"
DISTRICT
FRESNO

Case# 1:19-cv-1001

(DISMISSED WITHOUT PREJUDICE)

⑤. J. ARTEAGA V. BAUGHMAN ET AL.

"SACRAM."
EASTERN
DISTRICT

Case# 2:17-cv-528

(DISMISSED WITHOUT PREJUDICE)

EXHAUSTION OF ADMINISTRATIVE
REMEDIES PROCEDURES.

NO

YES

IT IS AN AFFIRMATIVE DEFENSE, DUE
THAT THE CHIEF GRIEVANCE OFFICIAL'S
DETERMINED THAT DEFENDANT'S "DID
VIOLATED POLICY" (GRIEVANCE LOG # C.S.P.C-7-
19-04194) (AS EXHIBIT #1. SEE ATTACHED HERETO)

on (date or dates) 2-12-2019, (Claim I) (Claim II) (Claim III)

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant J. Garcia resides or works at
 (full name of first defendant) CORCORAN STATE PRISON (C.S.P) CORCORAN, CA 93212
 (full address of first defendant) CORRECTION OFFICER
 (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

2. Defendant A. Fugate resides or works at
 (full name of first defendant) CORCORAN S.P (C.S.P) PO BOX 8800, CORCORAN, CA
 (full address of first defendant) 93212
Correctional Officer
 (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

3. Defendant D. Neve. Po Box 8800 resides or works at
 (full name of first defendant) CORCORAN, CA, 93212 (C.S.P)
 (full address of first defendant) Correctional Officer
 (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

4. Defendant: MANISH N AMIN (MEDICAL STAFF) see...page #16
Adventist Health Care in Bakersfield, CA.
 Individual Capacity

5. Defendant:
EDGAR CLARK - MEDICAL STAFF FROM CORCORAN PRISON see...page #17
PO BOX 8800, CORCORAN, CALIFORNIA 93212.
 individual official capacity

2. Defendants: (Attach same information on additional pages if you are naming more than 4 defendants.)

Defendant MANISH N. AMIN resides in Bakersfield,
(name) (County of residence)

and is employed as a Physician/ADVENTIST Health.
(defendant's position/title (if any))

his/her individual official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Committed malpractice in so far as the plaintiff was provided with substandard medical care at best. Defendant allowed the influence of on-hand correctional officers to dictate the level of care the Plaintiff Received.

Defendant EDGAR CLARK resides in CORCORAN,
(name) (County of residence)

and is employed as a PT'S.
(defendant's position/title (if any))

his/her individual official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Knowingly Falsified medical documentation (Progress Notes) and made slanderous statements, in an attempt to downplay the injuries sustained by the plaintiff, and to obscure the facts in an attempt to protect officers from excessive force claims.

Defendant John Doe resides in CORCORAN,
(name) (County of residence)

and is employed as a Correctional Officer.
(defendant's position/title (if any))

his/her individual official capacity. (Check one or both.) Explain how this defendant was acting under color of law: Participated with defendants Fugate and Garcia in the cover up of the unprovoked attack and previously refused to intervene in the beating of Plaintiff by rogue and unprofessional as well as dangerous officers.

Defendant John Doe#2-12 resides in CORCORAN STATE PRISON,
(name) (County of residence)

and is employed as a Correctional Officer's.
(defendant's position/title (if any))

his/her individual official capacity. (Check one or both.) Explain how this defendant was acting under

color of law: Responsible for making assure that prisoners received untampered, healthy state meals where instead making sure that Plaintiff receive contaminated, harmful and bad meals to cause sickness and mistreatment to fulfilled retaliatory practices, premeditatedly to tortured and make Plaintiff sick or with possible future bad illness consequences.

6. Defendant

John Doe #1 (full name of first defendant)
PO Box 8800 resides or works at
CORCORAN, CA, 93212 (full address of first defendant)

CORRECTIONAL OFFICER

(defendant's position and title, if any)

John Doe #1, The Officer who opened the gate towards a Blind Spot. He watched the beating and failed to intervene.
 The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

7. Defendant E. Garcia, who pick up the Legal institution mail (excessive use of force) which was intentionally lost by Garcia to quire the incident. see EXHIBIT-5.
 individual official capacity

8. Defendant John Doe's #2 through #12 resides or works at

(full name of first defendant)

They worked as state food

(full address of first defendant)

Administrative Handlers in Segregation in CORCORAN STATE PRISON
 (defendant's position and title, if any)

"ALL DEFENDANT'S" FROM 12-12-2019

The defendant is sued in his/her (Check one or both): individual official capacity

John Does # 13 - Through # 15 violated 8th to 9-10-2019 Amendment Rights / INDIVIDUAL

Explain how this defendant was acting under color of law: Medical STAFF as John Doe's / CAPACITY WORKED in ADMINISTRATIVE SEGREGATION in CORCORAN JURISDICTION

JURISDICTION REST WITHIN THIS HONORABLE COURT TO RULE ON THIS CLAIMS AND RELIEVE WHEN CLAIMS PRESENTED ARE WHERE RELIEF CAN BE GRANTED: AND ARE GENUINE ISSUES AND MATERIAL DISSENT TOWARD, 1997 e (c) (2) MERITS ARE STRICTLY FOR MONETARY COMPENSATORY RELIEF AND BASED ON PRISON CONDITIONS, NOT RECURRING FAVORABLE TERMINATION, 28 U.S.C. §§ 1331, 1333 (a) (3) BIVENY - SIX UNKNOWN NAMED AGENTS 403 U.S. 388, 91 S. CT. 1999 18 U.S.C. § 1362 6 (9) (2).

The complaint in this case alleges that the plaintiff was subjected to the misuse of excessive force and then retaliated against by several correctional officers. This is a rare case where higher level officials admitted that defendants did violated (CDC-R) policy. see EXHIBITS #1

D. CLAIMS*

CLAIM I

The following civil right has been violated:

EIGHTH AMENDMENT VIOLATION and FIRST-AMENDMENT VIOLATION. (8TH; & 1ST AMENDMENTS)

INTRODUCTION

AS PRO-SE, PLAINTIFF Jose Oswald Arteaga seeks CIVIL RIGHTS authorized by 42 U.S.C. Section §1983 TO REDRESS THE FEDERAL ESTABLISHED, FIRST- and EIGHTH AMENDMENT DEPRIVATIONS BY DEFENDANT(S) UNDER COLOR OF STATE LAW RIGHTS AND UNDER THEIR INDIVIDUAL CAPACITY WHICH ARE SECURED BY THE U.S. CONSTITUTION, THEREFORE PLAINTIFF, SEEKS COMPENSATORY DAMAGES, AND PUNITIVE DAMAGES FOR THE RETALIATION AND USED OF UNREASONABLE, UNNECESSARY AND EXCESSIVE FORCE, CREDITING CRUEL AND UNUSUAL PUNISHMENT IN VIOLATION OF PLAINTIFF'S CIVIL, LEGAL RIGHTS.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

STATEMENTS OF FACTS

AFTER SEVERAL, CONSTANT DRAWN OUT CONFRONTATIONS WITH DEFENDANT D. NEVE AND OTHER OFFICERS OVER THE BAD HANDLING OF PLAINTIFF'S STATE FOOD MEALS, WHICH LEAD TO THE FALSE ACCUSATION OF BATTERY ON AN OFFICER, OVER POSSIBLE DROP LETS OF WATER HITTING C/O NEVE'S LOWER PANT LEG OR BOOT AS A RESULT OF HIM WALKING IN FRONT OF PLAINTIFF'S CELL DOOR, WHILE PLAINTIFF WAS CLEANING AND MOPPING HIS CELL FLOOR AS ROUTINE.

PLAINTIFF AFTER BEING VERBALLY THREATENED BY OFFICER D. NEVE WITH VIOLENCE, OFFICERS A. FUGATE AND J. GARCIA, ARRIVED AND ALSO THREATENED

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline. NEXT PAGE CONTINUE ➔

CLAIM II

1. State the constitutional or other federal civil right that was violated: (8th) EIGHTH AMENDMENT RIGHT and (1ST) FIRST AMENDMENT VIOLATIONS.

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input checked="" type="checkbox"/> Retaliation
<input checked="" type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

Plaintiff with violence and ordered him to cuff up in which Plaintiff did comply and was placed in handcuffs behind his back and then in being escorted to another housing unit building as a trumped up charge. Officers A. Fugate and J. Garcia were the primary responsible escorts of Plaintiff and after another fellow officer (Defendant - John Doe) opening the security gate leading to an alley port from 94A to Administrative Segregation. The Plaintiff was ordered to walk through the gate and kept going forward in front of the officers. After a few steps ahead one of the officers escorting him pulled out a metal object from his person making a distinctive metal brushing noise and which made Plaintiff to slightly turn his head towards him and see a flash of movement coming from Officers J. Garcia then felt a strong blow on the top of Plaintiff's head because he was being attacked by C/O J. Garcia, viciously with a metal

4. State how you were injured by the actions or inactions of the Defendant(s).

Plaintiff previously next page continue →
Filed a CDC-602 complaint against heve as exhibit #4 on 1-30-2019 and caused heve to retaliate

5. **Administrative Remedies.** against Plaintiff

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- Did you submit a request for administrative relief on Claim II? Yes No
- Did you appeal your request for relief on Claim II to the highest level? Yes No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

6.0F.21

CLAIM III

1. State the constitutional or other federal civil right that was violated: 8TH AND 1ST AMENDMENT VIOLATIONS. E. GARCIA INTENT TO CENSORED PLAINTIFFS FIRST ADMINISTRATIVE COMPLAINT VIOLATED HIS RIGHT

Claim III. Identify the issue involved. Check only one. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input checked="" type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion	<input checked="" type="checkbox"/> Retaliation
<input checked="" type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

Supporting Facts. State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

object (what appeared to be a metal baton or flash light) he then fell (ed to the concrete floor or after being thrown down by the other officer A. Fugate, they both then started to punch, kick Plaintiff severely and continued to strike him with the metal object, making Plaintiff to immediately gush blood effusively from the top of his head, his nose and then lips, the beating continued to rain down on him with force for what appeared or felt like an eternity, making Plaintiff to almost pass out or become immobilized and lose consciousness, but Plaintiff strong effort kept him awake but helpless confused and dazed wondering why the attack was going on against him with so much hate and brutality, while being in handcuffs, this was an act of RETALIATORY practice for Plaintiff voicing his concerns over the tampered meals that after consuming would make him ill and due to the falseified allegations of so many for Plaintiff filing past grievances against CDC-R officers (see ATTACHED PERSONAL HAND MADE COPY AS EXHIBIT-4 OF GRIEVANCE PREVIOUSLY FILED) and so live in this same unit facility, after the beating, the officer pushed his alarm and later many

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Next Page Continues → Yes No

b. Did you submit a request for administrative relief on Claim III? Yes No

c. Did you appeal your request for relief on Claim III to the highest level? Yes No

d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

7.0F.21

1. OTHER OFFICER'S SHOWED UP RUNNING AND WI-
2. THROWNED PLAINTIFF LAYING ON THE FLOOR HELPLESS
3. AND BLEEDING SEMI-UNCONSCIOUS DUE TO THE
4. CONCUSSIONS SUFFERED, WHILE THE THIRD (3RD)
5. DEFENDANT MR. JOHN DOE JUST STOOD THERE
6. AND WATCHED, WITHOUT PREVENTING FROM
7. THIS TWO OFFICERS TO CARRY OUT THE ASSAULT
8. AND DID NOT INTERVENED TO STOP THE CONTINU-
9. ESSLY BLOWS AS HE WAS TRAINED TO DO, NOR DID
10. HE REPORTED THE ABUSED AND ILLEGAL MISCOND-
11. UCT OF HIS FELLOW CO-WORKERS AND FAILED TO PRO-
12.TECT PLAINTIFF AS A DUTY CORRECTIONAL OFFICER

13. PLAINTIFF WAS THEN TAKEN TO THE PRI-
14. SON (C.T.C) MEDICAL CLINIC, TREATMENT, CEN-
15. TER TO CARE FOR HIS WOUNDS AND INJURIES
16. AT THE ARRIVAL I WAS TREATED TO BLOCKED
17. THE BLOOD FROM GUSHING OUT BY THE NURSES
18. AND OUT A FEW MINUTES LATER A DOCTOR
19. MR CLARK, WALKED IN TO THE ROOM,
20. WITH SOME OFFICERS AND STATED AND ASK-
21. ED C SO YOU GOT HIT IN THE HEAD HUH? THERE
22. WHERE OVER SEVEN OTHER OFFICERS INSIDE
23. THE ROOM. AFTER THE DOCTORS EXAMINATI-
24. ON HE DECIDED TO RUSH ME TO THE OUTSIDE
25. HOSPITAL DUE TO THE SEVERITY OF THE INJU-
26. RIES. A SQUAT (I.G.I) OFFICER LATER WALKED
27. INSIDE THE ROOM AND TOOK A PICTURE OF
28. ME, THEN I WAS TAKEN TO THE OUTSIDE HOS-
8.OCT.21

MIME-Version:1.0 From:cacd.ecfmail@cacd.uscourts.gov To:noreply@ao.uscourts.gov
Message-Id:<33946183@cacd.uscourts.gov>Subject:Activity in Case [REDACTED] Jose
Osvaldo Arteaga v. [REDACTED] Text Only Entry Content-Type: text/html

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Notice of Electronic Filing

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Case Name: Jose Osvaldo Arteaga v. [REDACTED]

Case Number: [REDACTED]

Filer:

Document Number: 27

Docket Text:

Service Packet for defendants emailed to the CDCR, USMS, and AG's Office. THERE IS NO
PDF DOCUMENT ASSOCIATED WITH THIS ENTRY. (dsb) TEXT ONLY ENTRY

[REDACTED] Notice has been electronically mailed to:

[REDACTED] Notice has been delivered by First Class U. S. Mail or by other means

BY THE FILER to :

Jose Osvaldo Arteaga
CDC V-29993
[REDACTED]

Corcoran CA 93212
US

1 PITAL FOR FURTHER TREATMENT where I was di-
 2 agnosed with a SEVERE CONCUSSION on the
 3 top of my head that REQUIRED many
 4 METAL STAPLES TO closeD THE wound opening,
 5 I bleded aLOT and I had TWO black wound-
 6 ed eyes, nose bleed, BUSTED Lip, Back and
 7 neck extreme pain, ALSO unusual blurred
 8 and double VISION, AFTER a CT-SCAM I was
 9 diagnosed with an eye SOCKET FRACTURE,
 10 that also caused a RETINA deTachment
 11 creating permanent eyes damage because
 12 I had TO LATER endured an eye SURGERY
 13 TO RE-ATTACHED the eye RETINA, a very pa-
 14 inful procedures and TREATMENTS, I was
 15 told by the eye DOCTOR that possible mo-
 16 re FUTURE SURGERIES might be needed.
 17 due to aggravated side medical problems
 18 that MIGHT/will appear TO CORRECT MY VISION
 19 TO a BETTER Condition, MY eye SIGHT diMI-
 20 nished severely due to this INJURY, including
 21 permanent LOSS of PARTIAL VISION, CATARATS
 22 Headaches, and Eye painS, due to the eye.
 23 pressure AFTER this painful INJURY SURGERY,
 24 that was required. PLAINTIFF now SUFFERS from
 25 SCARRINGS, Eye and headaches, Double VISION, FO-
 26 ATTERS OR STAINS that appear REGULARLY and
 27 bother MY View, inePTLY consequences conveyed
 28 after this, OTHER physical injuries also occurred

JOSE ARTEAGA
V29993

Unit: MCSP A 005 1 - Room: 111 - Bed: 111001L

YOUR 8/22/2022 BLOOD TEST RESULTS HAVE BEEN EVALUATED AND THE FOLLOWING HAS BEEN DETERMINED:

Your test results are essentially within normal limits or are unchanged and no provider follow-up is required.

Vang, Kao P&S

Sincerely,

California Correctional Health Care Services

1. Such as trauma, abrasions, bruises and knots.
 2. Furthermore mental anguish, psychological
 3. trauma such as increase of (P.T.S.D),
 4. and other disorders requiring future
 5. psychological treatments.
 6. AFTER Plaintiff was transported back to
 7. the prison from the hospital, he was then
 8. placed in (A.S.U) Administrative Segre-
 9. gational Unit and again wrongfully
 10. charged with further battery of peace of-
 11. ficers (false charges) since medical re-
 12. fused to clear me to be transferred
 13. to (S.V.S.P) another prison, becau-
 14. se custody made an intent to trans-
 15. fered me on FEBRUARY-13-2022, a day
 16. after this incident to get rid of the
 17. problem or sweep under the rug the
 18. assault on Plaintiff, and by doing this
 19. been able to cover up the assault, but
 20. medical refused to be a part in this
 21. and due to Plaintiff's bad injuries con-
 22. ditions since he was still bleeding from
 23. his nose, refused to clear the inmate
 24. to be clear for travel or transfer
 25. in that shape, although Plaintiff did
 26. agreed to being transferred to avoid
 27. further retaliation or issue's with
 28. this prison's custody, but this didn't

JOSE ARTEAGA
V29993

Unit: MCSP A 005 1 - Room: 111 - Bed: 111001L

**YOUR 8/22/2022 URINE TEST RESULTS HAVE BEEN EVALUATED AND THE
FOLLOWING HAS BEEN DETERMINED:**

Your urine test results will be discussed at your follow-up appointment. You will be receiving a ducat indicating your appointment time.

Vang, Kao P&S

Sincerely,

California Correctional Health Care Services

1. help and he was LEFT
2. WITH (3) DIFFERENT FALSE
3. PERIOD OF ABOUT 8 MONTHS
4. FROM PAINFUL, TOUGH
5. RETALIATORY PRACTICES
6. CORRECTIONAL OFFICERS
7. PASSING OUT STATE MEALS,
8. GATED INMATES AND ALSO THE STAFF WHO
9. ARE RESPONSIBLE FOR
10. INMATES MEDICAL ATTENTION.
11. CONTINUOUSLY GETTING SICK AND TIL FROM
12. THE STATE FOOD GIVEN TO HIM BY CUSTODY
13. WHICH HE WOULD REPORT THIS TO MEDICAL
14. STAFF IN VAIN, SINCE THEY WOULD IGNORE
15. ANY (7362) REGARDING GETTING SICK
16. FROM THE MEALS. (7362'S ARE MEDICAL FO-
17. RMS CODE IN CDC-R) PLAINTIFF DEVELOPED A
18. RASH ALL OVER HIS BODY AND WAS TAKEN TO
19. A DERMATOLOGY DOCTOR, DUE TO THE PAIN
20. FULL RASH AND LOSS OF HAIR HE ENDURED, HE
21. WAS FORCED TO UNDERGO AND SUFFER FROM
22. STOMACH PAINS, HEADACHES, INTESTINAL
23. PAINS SUCH AS LIVER PAIN, KIDNEY PAINS,
24. ALL CHEMICAL CONTAMINATIONS, REACTIONS
25. MEDICAL WOULD ACT AS IF THIS WAS NOT HAPPENING,
26. PLAINTIFF ONLY EFFECTIVE MEDICINE WOULD
27. BE VOMITTING (THROWING UP) BY FORCING
28. HIMSELF TO DO THIS, HE WILL ONLY FEEL BETTER

1. AFTER getting all the Food back out by FORCE
 2. Plaintiff, stop consuming a lot of this
 3. meals and was forced to purchase the
 4. food to keep him alive, From the Canteen
 5. PRISON STORE, Plaintiff was not aware how long he
 6. would be housed in this Administrative
 7. Segregation and was hoping that
 8. his only money on his account at the
 9. time wouldn't run out, therefore
 10. when Plaintiff was ordered to pay
 11. a court fee for a (2. U.S.C §1983) he
 12. previously filed he was unable to do
 13. so for to be cautious on not to run out of mo-
 14. ney while being in AD-SEG, for an undeter-
 15. minate, UNKNOWN time so that Plaintiff
 16. can be able to purchase his survival needed
 17. food while being there and he was not bailed
 18. to make the courts aware at the time
 19. for the fear of continuing and worse-
 20. ning situation or retaliation, Plaintiff com-
 21. plaint was dismissed without Prejudice
 22. for not being able to pay the court
 23. fees requested and was forced to wa-
 24. it for a better time
 25. motion. On 2-19-2014, Plaintiff filed the
 26. required grievance in regards to the
 27. excessive use of force for this instance
 28. complaint, in a good faith effort to exha

1. ousted the Administration
2. But plaintiffs, grievance
3. today in an effort to prevent
4. to go forward with the
5. prevented from properly
6. ed, Plaintiff filed a CDC
7. separately regarding
8. placement of the
9. ce grievance not making
10. tiny, "conveniently"
11. Plaintiff made a copy
12. out the grievance and
13.acia picking up mail
14. gned a CDC-72, acknowledg-
15. picking up this mail
16. attached as Exhibit
17. have prove in the F
18. to happened that u
19. proves that custom
20. together in an eff
21. The incident and the C
22. incorporates into the
23. RETALIATORY PRACTICE
24. meal(s) that where
25. as John Does till
26. I identify all the
27. re responsible for
28. The second day I app

1. e. Remedies available
2. ce was lost by cus-
3. vent his grievance
4. Facts and to be
5. erly been exhaust-
6. 602-GRIEVANCE SE-
7. THE LOST OR MIS-
8. EXCESSIVE USE OF FO-
9. KING IT TO ITS de-
10. OR DEFENDANTS but
11. PRIORITY TO SENDING
12. also OFFICER GIV-
13. ON 2-13-2019, Si-
14. edging that he was
15. 6/rievance (see
16. 5) so that I can
17. TURE IF THIS WAS
18. WHICH IT DID, THIS
19. y were WORKING
20. ET TO CENSORED
21. uplaint. Plaintiff
22. HIS LAW SUIT FOR
23. S OF handing OUT
24. ad To my health
25. I am abled To
26. OFFICERS THAT we-
27. feeding me from
28. ed To AD-SEG, till

JOSE ARTEAGA
V29993

Your blood test results from 07/01/2022 are essentially within normal limits.

Aggarwal, Gaurav P & S

Sincerely,

California Correctional Health Care Services

1 UP TO THE LAST DAY I WAS HOUSED IN THIS ADMINIS
2 TRATIVE SEGREGATION UNIT IN (C.S.P). DUE TO
3 THE CRUEL AND CONTINUESLY RETALIATORY
4 PRACTICE'S AGAINST PLAINTIFF HE WAS
5 THEN FORCED TO FILE A PETITION FOR A
6 WRIT OF HABEAS CORPUS AS A DESPERATED
7 INTENT TO MAKE THEM STOP THE ABUSES
8 MISTREATMENT OF THEM TAMPERING WITH
9 PETITIONER'S STATE MEAL'S, HE WAS CON-
10 STITUITIONALLY ENTITLED TO, BUT EVEN THIS
11 REQUEST FOR JUSTICE DID NOT STOPED THE
12 MISTREATMENT, THE ABUSES CONTINUED
13 WITH ALL THE FREEDOM ON IMPUNITY POS-
14 SIBLE WITHOUT ANY REGARDS OF PRISON'S
15 RULES, HUMANITY SUFFERING OR CONSEQU-
16 ENCE'S TO PRISON'S POLICY VIOLATIONS.
17 ALTHOUGH PLAINTIFF DID FILE A CDC-602-CO-
18 MPLAINT IT DIDN'T WORKED TO STOP THE CON-
19 STANT RETALIATORY PRACTICES. (SEE ATTACHED-
20 COPY OF WRIT OF HABEAS CORPUS NO. 1946-
21 0110B. PLAINTIFF FILED AS EXHIBIT #3)

22 THE INCORPORATED HEREIN (11) OF DEFENDANTS
23 AS JOHN DOE, WILL REMAIN UNKNOWN
24 TILL PLAINTIFF IS ABLE TO IDENTIFY
25 THEM THROUGHT FUTURE DISCOVERIES
26 REQUEST ACCORDINGLY I AM ENTITLED
27 TO OBTAIN THEIR IDENTITY BASED ON
28 PUBLIC RECORDS RIGHTS.

14.OCT.21

1 Plaintiff is attaching hereto to this
2 Complaint as Exhibit # 2 The Der-
3 matology Report I requested after
4 I was taken to see a Dermatology
5 due to the rashes and bald spots
6 my body reacted to the chemicals
7 that where making me SICK while
8 I was in Administrative Segre-
9 gation and being Feed / given the
10 Contaminated Food / Meals.

11 I M also attaching (59) 7362'S
12 CDC-R, Medical REQUEST FORMS Co-
13 pies as prove that I was constan-
14 tly REQUESTING FOR medical attenti-
15 on as REQUIRED, PROTOCOL through
16 this Medical INSTITUTIONAL FORMS
17 BUT WITHOUT ANY POSITIVE RESULTS,
18 towards gaining effective adequate
19 medical treatment for the
20 constant sickness after consuming
21 this bad Meals. Although I ex-
22 pressively made them aware const-
23 antly of the problem. See the
24 attached (7362 - Medical REQUEST
25 FORMS), as Exhibit # 6. MY CONSTANT REQUEST
26 FOR medical care about contaminated STATE FO-
27 od sickening reactions where ignored and also
28 incorporate (3) Additional Defendants as John Does.

15th 21

Count 2: The following civil right has been violated: EIGHTH AMENDMENT RIGHT TO Freedom

(E.g., right to medical care, access to courts,

from cruel and unusual punishment / Reasonably Adequate medical CARE,
due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)

please See.. EXHIBIT #7

Supporting Facts: [Include all facts you consider important to Count 2. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 2.]

On 2-12-19 after Being assaulted at the hands of Correctional officers at CSP-Corcoran, the plaintiff was transported (Code 3 urgent) to Adventist Health in Bakersfield. Defendant MAWISH N AMIN was the attending Physician (see Exhibit A). From the moment the Plaintiff Arrived at the Hospital two things became clear right away. FIRST ██████ Hospital STAFF seemed to be in a hurry to Be Rid of the Plaintiff, showing very little interest on what the Plaintiff had to say. The second thing that became clear immediately was that the escorting Correctional STAFF was going to everything they could to push their narrative as to what happened to the Plaintiff. And Sadly hospital STAFF seemed to be taking their word over that of the Plaintiff. Plaintiff's Whole time at the hospital amounted to (see Exhibit 1) 1 hour and 27 minutes, which is ridiculous when considering that head trauma and a Facial Fracture were involved. There is no way that a normal patient from the free world would have ever been rushed along and dismissed as the Plaintiff was. AT the very least patient (Plaintiff) should have been placed on observation to ensure Plaintiff (who has a history of Seizures) didn't have an episode. It is the Plaintiff's contention that the halfhearted care that he received from the defendant is a major contributing factor in his continued problem with his eye and need for ongoing medical care in regards to said eye. Doctors have an obligation ~~and~~ to provide every patient they examine with the best and most thorough medical care possible, regardless of a patient's social status, race, sexual orientation etc. etc. The Defendant failed to live up to this obligation and the Plaintiff is suffering today as a result of it, requiring eye surgery and other possible surgeries in the future to correct his vision. (But permanent partial vision lost as a result.) FOR THE LACK OF adequate medical care.

16- OF. 21

Count 3: The following civil right has been violated: Eight Amendment Right to Freedom
 (E.g., right to medical care, access to courts, due process, free speech, freedom of religion, freedom of association, freedom from cruel and unusual punishment, etc.)
From Cruel and Unusual Punishment / Right to Unbiased Medical Care.
 please see EXHIBIT #8

Supporting Facts: [Include all facts you consider important to Count 3. State what happened clearly and in your own words. You need not cite legal authority or argument. Be certain to describe exactly what each defendant, by name, did to violate the right alleged in Count 3.]

On 2-12-19 after the Plaintiff was assaulted by numerous Correctional officers and even struck in the head and facial area with a metal baton, he was transported to JTA. The Defendant EDGAR CLARK showed a lack of professionalism as well as a clear desire to change the narrative of what really happened to the Plaintiff by attempting to paint the Plaintiff in a bad light (see Exhibit 8). FIRST The defendant tries to diminish the injuries that the Plaintiff had suffered by not documenting everything that the Plaintiff had told him in his report. The Defendant makes assuming assertions such as inability to test the Plaintiff's vision due to his injuries (namely the laceration to his head). Defendant very easily could have checked for signs of concussion as well as the state of the Plaintiff's vision. AT one point in his report the Defendant notes that the Plaintiff's heart rate is 120 (normal for someone who was just assaulted) The defendant states that the elevated heart rate may be related to excitement or amphetamines!?. This last statement is a clear case of medical staff trying to protect custody staff (correctional officers). The Defendant simply pulled this theory out of thin air as there is no evidence to suggest let alone support the claim. This was a slanderous attempt to cast a cloud of dispersion upon the Plaintiff to call into question his state of mind. In a real world setting making baseless accusations in such a report would have swift and harsh repercussions, unfortunately this is the norm within the CCR. Custody staff exerts leverage over medical staff to get them to turn a blind eye to certain incidents or to falsify paperwork. It is a problem that inmates have been talking about for a long time only to have our claims fall on deaf ears, that continues the injustices due to the impunity and mistreatments, that constitutes cruel and unusual punishments.

ALSO EXHIBIT 8 SEE INJURIES MEDICAL REPORT

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

PLAINTIFF JOSE O. ARTEAGA AS PRO-SE in this case, seeks redress to vindicate and deter officials misconduct under COLOR OF STATE LAW THAT RESULTS in TO COMPENSATORY CONSTITUTIONAL DEPRIVATION under 42 U.S.C (1983) which is a suitable vehicle.

PLAINTIFF SUFFERED FROM many months OF PAINS and SUFFERINGS including mental anguish, creating permanent damage.

THIS IS MY REQUEST FOR RELIEF:

AS FOLLOWS:

THEFORE PLAINTIFF RESPECTFULLY PRAYS:

- ① THAT THIS HONORABLE COURT ISSUES SUMMONS;
- ② DECLARE THE RIGHTS AND MERITS OF PLAINTIFF;
- ③ AWARD TRIAL BY JURY;

E. REQUEST FOR RELIEF

(4) State the relief you are seeking: Award compensatory damages in the total amount of \$5,000,000.00 (FIVE MILLION DOLLARS).
(5) Award punitive damages; as decide by the court, or jury.
(6) Grant recovery of legal court fees;
(7) And please grant any other relief this court deems proper and necessary.

I am over the age of (18) and under the laws of California

I declare under penalty of perjury that the foregoing is true and correct.

Executed on SEP. 30 - 2022
DATE


SIGNATURE OF PLAINTIFF

u/a

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

u/a

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

19.0F.21

EXHIBIT

1

12 - Page's

Exhibit # 1

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

COPY
C-FILE COPY

AMENDED

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

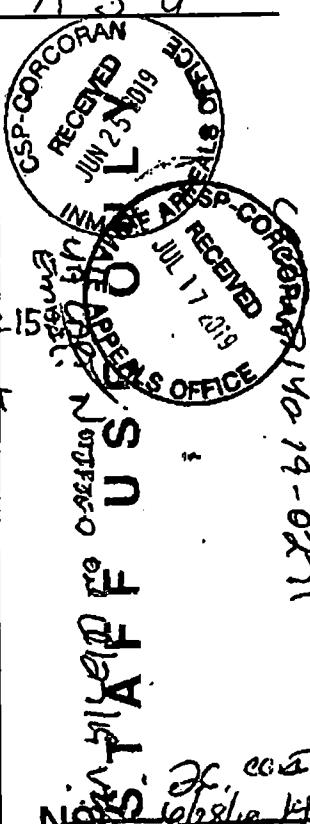
IAB USE ONLY	Institution/Parole Region: COR	Log #: 19-4194	Category: 7
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Jose Arteaga	CDC Number: V29993	Unit/Cell Number: G # 174	Assignment: A-5-U
<p>State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): Excessive Use of Force / Staff Complaint on C/O A. Fugate & C/O J. Garcia</p> <p>A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On February 12-19 Around Morning time after breakfast I was told by HA-2L officers that I was getting charged with Battery on officer Neve and that for this I was getting moved to this Ad-Seg.</p> <p>B. Action requested (If you need more space, use Section B of the CDCR 602-A): I request that a video tape be made on me to record the injuries as per Title 15. That an investigation be made into the facts as to why the excessive use of force by this two snortling officers. I request</p> <p>Supporting Documents: Refer to CCR 3084.3.</p> <p><input type="checkbox"/> Yes, I have attached supporting documents.</p> <p>List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> No, I have not attached any supporting documents. Reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Inmate/Parolee Signature: <i>Jose A.</i> Date Submitted: <i>Feb 19 / 19</i></p> <p><input type="checkbox"/> By placing my initials in this box, I waive my right to receive an interview.</p>			



C. First Level - Staff Use Only	Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:	
<input checked="" type="checkbox"/> Bypassed at the First Level of Review. Go to Section E. <input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ <input type="checkbox"/> Cancelled (See attached letter) Date: _____ <input type="checkbox"/> Accepted at the First Level of Review.	
Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____	
BYPASS	
First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.	
Date of Interview: _____ Interview Location: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____	
See an Interviewer if dissatisfied with First Level response, complete Section D.	
Interviewer: _____ (Print Name)	Title: _____ Signature: _____ Date completed: _____
Reviewer: _____ (Print Name)	Title: _____ Signature: _____
Date received by AC: _____	
AC Use Only Date mailed/delivered to appellant: _____ / _____ / _____	

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

BYPASS

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached?

 Yes No

This appeal has been:

By-passed at Second Level of Review. Go to Section G.
 Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
 Cancelled (See attached letter)
 Accepted at the Second Level of Review

Assigned to: 18u

AMENDED

Title: SGT

Date Assigned: 7/19/19

Date Due: 8/28/19

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: July 25, 19

Interview Location: STRA Sergeant's office

Your appeal issue is: Granted Granted In Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: Cmvelock Title: SGT Signature: _____ Date completed: 8/13/19

Reviewer: M. G. Title: SGT Signature: _____

Date received by AC: 8/27/19 Notice of Delay to 1st (CONTA) 3/19/20

AMENDED 3/19/20 AC Use Only Date mailed/delivered to appellant 4/10/20

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

INSTEAD

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
 Cancelled (See attached letter) Date: _____
 Accepted at the Third Level of Review. Your appeal issue is Granted Granted In Part Denied Other: _____

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant _____ / _____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____
 Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

C.A.P.Y.

AMENDED

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0602-A (REV. 03/12)

IAB USE ONLY Institution/Parole Region: Log #: Category:

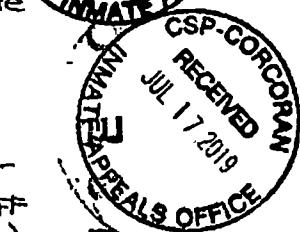
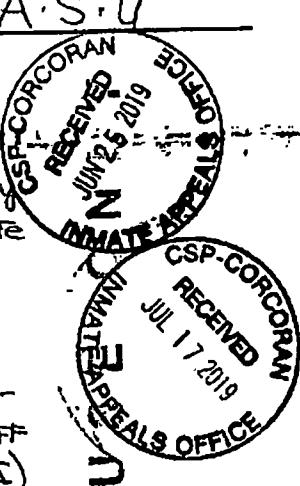
FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>Arteaga Jose</u>	CDC Number: <u>V29993</u>	Unit/Cell Number: <u>G-174</u>	Assignment: <u>A-S-U</u>
---	---------------------------	--------------------------------	--------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue): building tags with the 115-process my property was packed from cell #27 and a 1083-Inventory was not given to me, when I was being scotched by two officers to Administrative Seg. and after exiting the last gate one of the officers pulled out his baton/metal object and hit me on the top of my head almost making me lose concience, then both officers pushed me to the concrete floor with force and started kicking me on the head on the face on my neck and shoulder my head was leaking blood profusely, all this happened while I was being scotched with my hands handcuffed behind my back. The alarm was activated and a bunch of officers showed up and witnessed seen me laying down on the floor bleeding from the blow on my head and nose I was then taken to T.R.U by Medical Staff in an ambulance and then taken to the outside hospital where I was given (M.R.D) x-rays and diagnosed with a left eye socket fracture, Head concussion that required several around (4) staples on my head due to the blow and kicks, I further suffered a left black eye, is now visible, a bloody nose a kicked on the side of my head face and other blows on other parts of my head since other parts of my head were bleeding also. A video tape was not made of my injuries and a paper, T.D.P. was not made to record all my injuries my neck, my back and my right shoulder and head are on severe pain due to this injuries I also have scrapes on my legs and tail pains

Inmate/Parolee Signature: Jeff Date Submitted: Feb-19-19

EFF
T
A
F
F
JG CCB
NSC 1/26/19

B. Continuation of CDCR 602, Section B only (Action requested): For help I identifying the names of the two scotching officers that use the excessive force against me, Since after the blow on my head with that metal object I suffered a type of memory loss and increased P.T.S.D- (I can't recall this two officers names) I request be scotched by a Sergeant every time I come out of my cell to prevent this from happening again when I'm being scotched on handcuffs. My glasses were bended when they fell from my face in this incident and then confiscated. I request my glasses be given back to me. thank you. I request as per D.O.M- Section 510-20.17.3 To be set forth.

Inmate/Parolee Signature: Jeff Date Submitted: Feb-19-2019

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the SECOND Level

Thursday, June 27, 2019

ARTEAGA, V29993
Z 001G1174001L

STAFF COMPLAINTS, 06/25/2019

Log Number: CSPC-7-19-04194

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been cancelled pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(4). Time limits for submitting the appeal are exceeded even though you had the opportunity to submit within the prescribed time constraints.

Your appeal is dated 02/19/2019. You are attempting to appeal an issue which you became aware of on 02/12/2019. Your appeal was not received in COR LAO until 06/25/2019 outside of time constraints. Therefore this appeal is cancelled. Your allegation will be assigned for review outside of the Appeal Process via an inquiry or investigation.

- J. Ceballos, CCII Appeals Coordinator
- C. Brown, SCR LT
- D. Goree Jr, CCII Appeals Coordinator
- K. Field, AGPA

Appeals Coordinator
Corcoran State Prison

please forward

MY(S.C.) STAFF COMPLAINT AS A "TIMELEY" CDC-602, FOR THE FOLLOWING REASONS:

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.
ON 2-19-19 OFFICER GARCIA SIGNED AND DATED THE ATTACHED CDC 22 FORM COPY PROVING THAT I DID GAVE HIM THIS EXCESSIVE USE FORCE (S.C.) STAFF COMPLAINT ON 2-19-19, PROVING THAT MY APPEAL (S.C.) WAS FORWARDED TO THE APPEALS COORDINATOR, ON TIME. FURTHER MORE ON 3/1/19 - I've SUBMITTED THIS SAME (S.C.) 602 TO APPEALS CHIEF AT SACRAMENTO AND AGAIN ON AROUND 5/10/19.

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

T-L R# 1903147
ALSO SEE ATTACHED
CDC-2-2
DATED 6/24
C-SECTION

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (First); (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BU NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (E.G. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): Officer 61171

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

Officer 61171

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

 SENT THROUGH MAIL: ADDRESSED TO: _____

DATE MAILED: 10/17/22

 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
--------------------------------	-------	------------	--

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
-------------------------	------------------------	--

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
------------------------	-------	------------	----------------

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
--------------------------------	-------	------------	----------------

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the SECOND Level

Thursday, June 27, 2019

174

ARTEAGA, V29993
Z 001G1174001L

STAFF COMPLAINTS, 06/25/2019

Log Number: CSPC-7-19-04194

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been cancelled pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(4). Time limits for submitting the appeal are exceeded even though you had the opportunity to submit within the prescribed time constraints.

Your appeal is dated 02/19/2019. You are attempting to appeal an issue which you became aware of on 02/12/2019. Your appeal was not received in COR LAO until 06/25/2019 outside of time constraints. Therefore this appeal is cancelled. Your allegation will be assigned for review outside of the Appeal Process via an inquiry or investigation.

J. Ceballos, CCII Appeals Coordinator
 C. Brown, SCR LT
 D. Goree Jr, CCII Appeals Coordinator
 K. Field, AGPA

Appeals Coordinator
Corcoran State Prison

I request that as per DOM-Section 510-20.17.3, ~~be SE~~
Please process my appeal dated 2/19/19 as timely. An investigation will
needs to be made in to the facts and ask for a Video Tape. To be made
due to the excessive use of force.

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

On Feb 19-19, Appellant placed the Attached CSPC-7-19-04194
complaint on c/c Garcia (Ad-Seg %) hands for processing to
the Appeals Coordinator. Garcia signed and Dated the attached
CDC-22-form, Providing That my complaint was filed on "Time" on 2/19/19

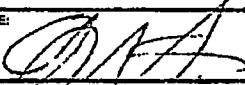
Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE, THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

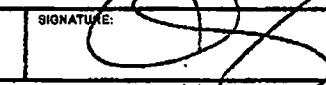
NAME (First): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Arteaga Jose		V29993	
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
174	ASU		Unanswering 602

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
 CSP-Appeals Coordinator. On February 19-19 I've Filed a 602 STAFF Complaint, BUT as of this date I havent receive an answer nor a log number. Please provide me the Log # or the reason why it hasent being answer? On May 02019 I sent this complaint to Appeal Chief at SIC-Claims. On May 20-19 He, T. RAMOS, CHIEF sent me this TLR# 1903147. I am inclosing today to you this 2/19/19 - 602 copy.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: 6/24/19

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
	6/24/19		

IF FORWARDED - TO WHOM: APPEAL'S COORDINATOR	DATE DELIVERED/MAILED: 6/24/19	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="checkbox"/> BY US MAIL <input type="checkbox"/>
--	--------------------------------	---

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
J. GOREZ	6/27/19		6/27/19

APPEAL DATED 2/19/19 WAS RECEIVED IN THE IAD. SEE ATTACHED CDCR 1055-DATES 6/27/19

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY. APPELLANT SHOULD NOT BE PUNISHED OR HELD RESPONSIBLE WHEN OFFICERS LOSE/MISTAKE CDC-602'S. The 6/27/19 screening LOG# CSPC-7-19-04194 (I am attaching a CDC-22 dated 2/19/19 copy) should be process "AS TIMELY" On Feb 19-19 I gave a CDC-22 attached hereto to the STAFF COMPLAINT (S.C. APPEAL) in which he signed the CDC-22 attached hereto PROVING THAT I did submit this 2-19-19 EXCESSIVE USE OF FORCE'S C-602 COMPLAINT ON 2-19-19 AND ON TIME. I'M INCLOSING ALSO A SIGNED CDC-1858, FORM

SIGNATURE:	DATE SUBMITTED:	I FORWARDDED
Arteaga, J	July 4/19	with c/o

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): J. GOREZ	DATE: 7/11/19	SIGNATURE: 	DATE RETURNED: 7/11/19
---	---------------	---	------------------------

IF you are attempting to resubmit an appeal for review you need to attach the appeal for review.

STATE OF CALIFORNIA
 RIGHTS AND RESPONSIBILITY STATEMENT
 CDCR 1858 (Rev. 10/06)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

TLR#1903147

Log# CSPC-7-19-04194

COMPLAINANT'S PRINTED NAME <i>Jose Arreaga</i>	COMPLAINANT'S SIGNATURE <i>[Signature]</i>	DATE SIGNED <i>2-19-19</i>
INMATE/PAROLEE PRINTED NAME <i>Jose Arreaga</i>	INMATE/PAROLEE'S SIGNATURE <i>[Signature]</i>	CDC NUMBER <i>V29993</i> DATE SIGNED <i>2-19-19</i>
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE <i>[Signature]</i>	DATE SIGNED

DISTRIBUTION:

ORIGINAL -
 Public - Institution Head/Parole Administrator
 Inmate/Parolee - Attach to CDC form 602
 Employee - Institution Head/Parole Administrator
 COPY - Complainant

ATTACHMENT A (Rev. 9/08)

EFFECTIVE COMMUNICATION DETERMINATION FOR FORMAL LEVEL
CDC 602 INMATE/PAROLEE APPEAL

Inmate Arteaga CDC# U29993 Appeal Log# CSPC-7-19-09194

- Test of Adult Basic Education (TABE) above 4.0 (provide RGPL 5.2 / verify source if other than RGPL Sales)
- Test of Adult Basic Education (TABE) below 4.0 (provide RGPL)
- Learning Disability (LD)
- Non-English speaking

* All first level responses must indicate whether inmate does or does not require effective communication. If RGPL is 4.0 or below, first level responder must also identify how Effective Communication was established within response.



Staff Signature

SGT

Title

8/13/19

Date



Print Name

PERMANENT APPEAL ATTACHMENT – DO NOT REMOVE

State of California

Department of Corrections and Rehabilitation

Memorandum

Date : August 22, 2019

To : Jose Arteaga, V29993
STRH, 174L
CSP-Corcoran

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # CSPC-7-19-04194/COR-2140-19-271
SECOND LEVEL RESPONSE**

APPEAL ISSUE: You allege, on the morning of February 12, 2019, you were informed you were being charged for "Battery on a Peace Officer" therefore, requiring a housing change from Facility 4A, Building 4A2L, to the Short Term Restricted Housing (STRH) Unit. You contend while you were under escort and exiting Facility 4A through the yard gate an Officer pulled out his baton/metal object and struck you on the top of your head, which nearly caused you to lose consciousness. You contend after you were struck on the top of your head, both Officers forced you to the concrete floor and began to simultaneously kick you in the face, head, neck, and shoulder areas causing your head to bleed profusely. You contend you were in restraints with your hands behind your back while you were struck on the top of your head and taken to the ground. You further contend an alarm was activated and staff witnessed you lying on the ground bleeding from your head and nose. You stated you were taken to the Correctional Treatment Center (CTC) and subsequently sent to an outside hospital, where you received an X-Ray and diagnosed with a left eye socket fracture, concussion, and received four (4) staples to your head area. You further contend you did not receive a videotaped interview to record your injuries because of this incident nor did you receive a Medical Report of Injury or Unusual Occurrence, CDCR-7219 on the same day of the incident but rather several weeks after the fact.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct, Unnecessary/Excessive Use of Force presented in the written complaint has been completed. Based upon this review your appeal is being processed as an Appeal Inquiry.

Inmate Arteaga, on July 25, 2019, you were interviewed by Correctional Sergeant C. Morelock regarding the allegations reported via California Department of

~~Exhibit~~ - ~~Exhibit~~ - ~~Exhibit~~

Page 2

Corrections and Rehabilitation (CDCR), Inmate/Parolee Appeal CDCR 602. On the aforementioned date a Videotaped interview was also conducted regarding your allegations of staff misconduct, Unnecessary/Excessive Use of Force. During the interview, you stated you did not receive a Medical Report of Injury or Unusual Occurrence, CDCR-7219 on the same day of the incident but rather several weeks after the fact. You stated you received injuries to your head, face, shoulder and legs. You stated you were being escorted from 4A to Administrative Segregation for a Battery on a Peace Officer. You stated while being escorted through the vehicle gate an unknown Officer opened the gate and Officer Fugate and Officer Garcia began to escort you through the gate. You contend you observed Officer Garcia jerk his hand and you felt a pain to your head. You contend you almost fainted and were grabbed and thrown to the ground. You contend once you were on the ground you felt you were being kicked and maybe punched and were trying not to lose consciousness and stay strong. You contend you were bleeding and you heard one of the Officers say, "Go ahead and hit your alarm". You contend several Officers showed up and saw you on the floor. You contend you were taken to the Correctional Treatment Center (CTC) where the Doctor stated, "You were hit on your head, right". You contend you were taken to an outside hospital where you received a CAT scan, which revealed a fracture to your left eye and received metal staples to your head. You stated you could not identify any staff or inmate witnesses to the allegations made.

Your appeal is PARTIALLY GRANTED in that:

- The Appeal inquiry is complete.

The following witnesses were interviewed; Correctional Officer(s) A. Fugate, J. Garcia, M. Rodriguez and Sergeant D. Childress.

The following information was reviewed as a result of your allegations of staff misconduct: CDCR 602 authored by you dated February 19, 2019, Crime/Incident Report COR-04A-19-02-0171, Use of Force Critique, SBI Chrono, Inmate Interview for SBI 3013/3014, CDCR 7219's and Evidence Photographs.

Staff: **did** **did not** violate CDCR policy with respect to one or more of the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the

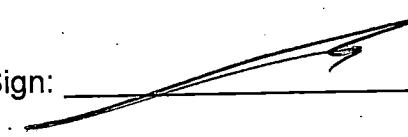
Page 3

content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.

- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: C Morelock Sign:  Date: 8/22/19
Interviewer

Print: M. Gandy Sign:  Date: 8/27/19
Hiring Authority

Memorandum

Date : March 18, 2020

To : Arteaga, V29993
A003 1-002001L
California State Prison-Sacramento

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # CSPC-7-19-04194 SECOND LEVEL RESPONSE. (COR-2140-19-271) AMENDED**

APPEAL ISSUE: You allege, on the morning of February 12, 2019, you were informed you were being charged for "Battery on a Peace Officer" therefore, requiring a housing change from Facility 4A, Building 4A2L, to the Short Term Restricted Housing (STRH) Unit. You contend while you were under escort and exiting Facility 4A through the yard gate an Officer pulled out his baton/metal object and struck you on the top of your head, which nearly caused you to lose consciousness. You contend after you were struck on the top of your head, both Officers forced you to the concrete floor and began to simultaneously kick you in the face, head, neck, and shoulder areas causing your head to bleed profusely. You contend you were in restraints with your hands behind your back while you were struck on the top of your head and taken to the ground. You further contend an alarm was activated and staff witnessed you lying on the ground bleeding from your head and nose. You stated you were taken to the Correctional Treatment Center (CTC) and subsequently sent to an outside hospital, where you receive an X-Ray and diagnosed with a left eye socket fracture, concussion, and received four (4) staples to your head area. You further contend you did not receive a videotaped interview to record your injuries because of this incident nor did you receive a Medical Report of Injury or Unusual Occurrence, CDCR-7219 on the same day of the incident but rather several weeks after the fact.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

- Being processed as an Appeal Inquiry.

Inmate Arteaga, on July 25, 2019, you were interviewed by Correctional Sergeant C. Morelock regarding the allegations reported via California Department of Corrections and Rehabilitation (CDCR), Inmate/Parole Appeal CDCR 602. On the aforementioned date, a Videotaped interview was also conducted regarding your allegations of staff misconduct, Unnecessary/Excessive Use of Force.

Attachment E-1
Page 2

During the interview, you stated you did not receive a Medical Report of Injury or Unusual Occurrence, CDCR-7219 on the same day of the incident but rather several weeks after the fact. You stated you received injuries to your head, face, shoulder and legs. You stated you were being escorted from 4A to Administrative Segregation for a Battery on a Peace Officer. You stated while being escorted through the vehicle gate an unknown Officer opened the gate and Officer Fugate and Officer Garcia began to escort you through the gate. You contend you observed Officer Garcia jerk his hand and you felt pain to your head. You contend you almost fainted and were grabbed and thrown to the ground. You Contend once you were on the ground you felt you were being kicked and maybe punched and were trying not to lose consciousness and stay strong. You contend you were bleeding and you heard one of the Officers say, "Go ahead and hit your alarm". You contend several Officers showed up and saw you on the floor. You contend you were taken to the Correctional Treatment Center (CTC) where the Doctor stated, "You were hit on the head, right". You contend you were taken to an outside hospital where you received a CAT scan, which revealed a fracture to your left eye and received metal staples to your head. You stated you could not identify any staff or inmate witnesses to the allegations made.

EFFECTIVE COMMUNICATION: A review of the Disability and Effective Communication System (DECS) reveals you have a Test of Adult Basic Education (TABE) score of 5.2. You do not have a documented disability which requires special accommodation to achieve effective communication.

Your appeal is PARTIALLY GRANTED in that:

➤ The Appeal inquiry is has been reviewed and all issues were adequately addressed.

The following witness(es) were questioned: See original E-1 dated August 22, 2019.

Staff: did did not violate CDCR policy with respect to one or more of the issues appealed.

CONTRADICTION = STAFF DID VIOLATED POLIC

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

EXHIBIT E

00068

Page 3.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

The Institutional Executive Review Committee reviewed the allegations contained within the appeal, Policy was not violated and no further action is necessary.

Print: S.CB3A118 Sign: 2 Date: 3/18/20
Interviewer/Reviewer

Print: PERC Sign: 130 Date: 3/19/20
Hiring Authority

EXHIBIT E

pg 30 of 3

OFFICE OF APPEALS
P.O. BOX 942883
SACRAMENTO, CA 94283-0001



OFFICE OF APPEALS (THIRD LEVEL) DECISION

Date: March 22, 2021

In re: Arteaga, Jose CDC# V29993
SAC

TLR Case No.: 2007629
Local Log No.: COR-19-04194

I. ISSUE ON APPEAL:

It is the appellant's position that he was subjected to excessive force by COR staff. The appellant argues that on February 12, 2019, while being escorted to the Short Term Restricted Housing Unit following a Battery on a Peace Officer incident, the yard gate CO pulled out a metal baton and struck him on the top of his head causing him to go unconscious. The appellant claims that at this point staff forced him to the floor and simultaneously kicked him in the face, head, neck, and shoulders causing profuse bleeding. The appellant adds that he was in restraints while being beat by staff. The appellant alleges that due to an alarm being sounded several staff witnessed him in blood from head to nose. The appellant indicates that he was taken to the local medical facility and then had to be taken to an outside medical hospital due to the seriousness of his injuries that included a left eye socket fracture and the need for four staples to his head. The appellant insists that due to the severity of this injuries staff did not video tape the incident. The appellant requests that a video interview be conducted reporting his injuries and the circumstances of this appeal, that the names of the two officers involved be identified, that he (the appellant) be escorted by the on duty sergeant when he is released from his cell to ensure safety and that his glasses that were damaged during the incident be replaced.

II. RULES AND REFERENCES:

A. CONTROLLING AUTHORITY:

- California Code of Regulations, Title 15, (CCR) 3001
- California Code of Regulations, Title 15, (CCR) 3084.1
- California Code of Regulations, Title 15, (CCR) 3270
- California Code of Regulations, Title 15, (CCR) 3291

B. DOCUMENTS CONSIDERED:

- CDCR 602 Appeal Form Log No.: COR-19-04194
- CDCR Staff Complaint Second Level Appeal Response dated March 18, 2020.
- Confidential Inquiry attachment "C" completed by Correctional Counselor II J. Ceballos dated March 18, 2020.
- Use of Force review dated August 14, 2019 approved by Warden J. Juarez.

III. REASONING AND DECISION: DENIED

It is the order of the Office of Appeals that the appeal at the Third Level of Review is **DENIED**. This decision exhausts the administrative remedies available to the appellant within the California the Department of Corrections and Rehabilitation. More specifically, The TLR reviewed the confidential

EXHIBIT 10 - 1000

Page 2 of 2

inquiry and Executive Use of Force Report and concurs and notes that staff did violate policy. The TLR notes that, while the appellant has the right to submit an appeal as a staff complaint, requests for: administrative action, regarding staff; the placement of documentation in a staff member's personnel file; to reprimand staff; to remove staff from a position; and/or requests for monetary compensation are beyond the scope of the appeals process. The TLR finds the institution's response complies with departmental policy, and the appellant's staff complaint allegations were properly addressed. Given the aforementioned, no action is required by this level of review.

IV. REMEDY: Your appeal has been denied, therefore there is no applicable remedy.



D. Artis, Appeals Examiner
Office of Appeals
cc: COR/SAC Grievance Coordinator,

Exhibit G-2 OF 2

EXHIBIT 2

3 - Pages

DERMATOLOGY
REPORT

(EXHIBIT #2) (O)



Patient: Jose Arteaga
DOB: 09-09-1981

ID: 148981
DOS: 09-03-2019

37 year(s) years old Male patient, Jose Arteaga was seen on 09-03-2019 as a new patient

History of Present Illness

Rash X 8 Months

Patient presents with a rash located on the scalp, abdomen, chest, groin and legs. The rash is getting worse. It is itchy. Past treatment includes hydrocortisone cream.

The patient denies recent illness or new medication/supplement. No family members are affected. Per pt hydrocortisone hasn't help.

Hair Loss X 4 Years

Patient presents with hair loss that has been present for weeks and is getting worse. Past treatments include topical and none.

Patient denies recent acute illness, dandruff, associated pain or pruritus, history of tight hair styles and extreme diets. Patient denies personal and family history of alopecia, thyroid disease and anemia. Per pt in the last 8 months he's noticed more bald spots. Per pt he used the topical x 3 months on and off and didn't notice a change.

Nail disorder

Patient presents with nail changes. The nail changes are getting worse. Affected nails are asymptomatic. Past treatment includes none.

Medical Hx

Skin:

No skin cancer (non melanoma), No melanoma and No psoriasis
hepatitis C, No asthma, No HIV, No hepatitis B and No organ transplant
alopecia, Epilepsy, Backaches, posttraumatic stress disorder, antisocial personality

Surgical Hx

No pacemaker

Appendicitis

Family Hx

Family history:

No eczema, No skin cancer (non melanoma), No melanoma and No psoriasis

Social Hx

alcohol consumption former and drug use former

Occupation: Incarcerated

Smoking: Former smoker

2 - A

**Allergies**

No Known Drug Allergy

Current Medications

- Loratadine
- Levetiracetam

Review Of System**Skin**

Note: see HPI

General

No fever, No chills and No sweats

History was provided by the patient.

Examination**Lichen Planus**

Quantity: multiple

Primary lesion: papules

Secondary lesion: lichenification

Color: violaceous

Distribution: symmetric

Configuration: grouped

Alopecia - Areata

Quantity: numerous

Primary lesion: alopecic patch

Color: skin colored

Follicular ostia: preserved

Hair pull test: Negative hair pull test

Assessment & Plan**Alopecia Areata**

Considering the patient's history and examination, the diagnosis is most consistent with alopecia areata. Management options were discussed, including: topical and systemic corticosteroids, intralesional corticosteroids, phototherapy.

Risks and benefits of all options were reviewed with pt. PAU.

Patient opted to proceed with the following treatment:

1. Requesting ILK to scalp at follow-up
2. Cloobeatsol 0.05% solution. #60G apply to scalp BID x 2 weeks then decrease to BID MON, WED, FRI x 6 additional weeks.

2-B

**Lichen Planus**

Considering the patient's history and examination, the diagnosis is most consistent with lichen planus. Management options were discussed, including: topical steroids, intralesional corticosteroids and systemic therapy.

Risks and benefits of all options were reviewed.

Patient opted to proceed with the following treatment:

1. Bx today
2. TAC 0.1% cream #454G apply to rash BID x 2 weeks then decrease to BID MON, WED, FRI.
3. Light exposure will help with resolution
4. AOCD Lichen planus handout provided.

RTC in 6 weeks for follow-up

Procedures**Biopsy/Excision****A. Biopsy**

Clinical Diagnosis: L43.0 Lichen Planus

Location: Right Ant Thigh

Written and verbal consent was obtained prior to the procedure. After disinfecting the area with alcohol 0.3 ml of 1% lidocaine with epinephrine was administered around the site to provide excellent anesthesia throughout the procedure. Blood loss was minimal. Hemostasis was achieved with Drysol. Tissue was shaved using Number 15 blade. Sample was biopsied using shave method. Specimen was placed in a bottle labeled A # WC19-1081 for pathology. Using Post procedure bacitracin dressing was applied at the wound site and was bandaged. Wound care instructions were given. Patient tolerated the procedure well. Pressure dressing was applied and wound care instructions were given.

Signed by: HOLLY M MILLER, FNP-C on 09-03-2019

Draft Note



09-3-2019

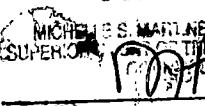
EXHIBIT

3

5-Page's

19W0110A

EXHIBIT 03

SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF KINGS 1640 Kings County Drive Hanford California 93230	FOR COURT USE ONLY CONFORMED COPY ORIGINAL FILED ON JUN 25 2019 <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MICHELLE S. MARTINEZ, CLERK OF COURT SUPERIOR COURT OF THE STATE OF CALIFORNIA KING COUNTY  DEPUTY </div>
IN RE: APPLICATION OF: JOSE O ARTEAGA FOR WRIT OF HABEAS CORPUS	
ACKNOWLEDGMENT OF PETITION FOR WRIT OF HABEAS CORPUS	CASE NUMBER: 19W-0110A

This is to acknowledge receipt for your petition, which seeks the Court's attention by way of Habeas Corpus or similar relief. Your petition was filed on June 24, 2019 and case number 19W-0110A assigned.

The Court handling this matter has a full trial schedule and receives many new Habeas Corpus matters each week. Due to this, the Court believes it is necessary and fair that your matter be given the Court's attention according to the urgency of the relief sought and the priority given to petitions now being handled. All petitions will be processed in accord with the requirements of California Rules of Court, rule 4.551. Kings County Superior Court Local Rule 580(D) addresses requests for expedited review.

It should be noted that effective July 1, 2002 the Court will no longer be endorsing single face sheets of any documents. If you would like an endorsed copy of your writ please present a copy in its entirety to the Court for endorsement at the time you file your original Petition.

Dated: June 25, 2019

Michelle S. Martinez, Clerk of the Court
Kings County Superior Court

MONA AUSTIN

By: **Mona Austin, Deputy Clerk**

SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF KINGS

MP

In re Application of

No. 19W0110B

JOSE ARTEAGA,

ORDER RE: PETITION FOR WRIT OF
HABEAS CORPUS

Petitioner,

for Writ of Habeas Corpus.

JOSE ARTEAGA ("Petitioner") filed a petition for writ of habeas corpus on July 5, 2019 ("petition"). Petitioner alleges that California Department of Corrections and Rehabilitation ("CDCR") officials at Corcoran State Prison ("Respondent") routinely tamper with the packaging on his kosher meals. Petitioner alleges this pattern of tampering began after a disagreement he had with Correctional Officers on or about January 1, 2019. Petitioner claims that after he eats the meals with tampered packaging, he gets headaches, stomach aches, and rashes that are painful to the touch. Petitioner asserts he has attempted to file numerous administrative appeals and sick call forms, only to have the same rejected by Respondent. Petitioner alleges the actions by Respondent violate his First and Eighth Amendment rights.

IT IS HEREBY ORDERED, Respondent is directed to file an informal response to Petitioner's claims. California Rules of Court, rule 4.551 subdivisions (a)(5) and (b)(2) provide for service of an informal response within fifteen (15) days from the date of an Order for Service of Informal Response and ruling within forty-five (45) days thereafter. It has been the experience of this court, however, that it is rarely possible for an informal

ORDER RE: PETITION FOR WRIT OF HABEAS CORPUS

1 SUPERIOR COURT OF THE STATE OF CALIFORNIA
2

3 IN AND FOR THE COUNTY OF KINGS
4

5 CONFORMED COPY
6 ORIGINAL FILED ON
7

8 DEC 02 2019
9

10 MICHELLE S. MARTINEZ, CLERK OF COURT
11 SUPERIOR COURT OF THE STATE OF CALIFORNIA
12 COUNTY OF KINGS
13

14 DEPUTY

15 In re Application of
16

17 No. 19W0110B
18

19 JOSE ARTEAGA,
20

21 ORDER RE: PETITION FOR WRIT OF
22 HABEAS CORPUS
23

24 Petitioner,
25

26 for Writ of Habeas Corpus.
27

28 JOSE ARTEAGA ("Petitioner") filed a petition for writ of habeas corpus on July 5, 2019 ("petition"). Petitioner alleges that California Department of Corrections and Rehabilitation ("CDCR") officials at Corcoran State Prison ("Respondent") routinely tamper with the packaging on his kosher meals. Petitioner alleges this pattern of tampering began after a disagreement he had with Correctional Officers on or about January 1, 2019.

Petitioner claims that after he eats the meals with tampered packaging, he gets headaches, stomach aches, and rashes that are painful to the touch. Petitioner asserts he has attempted to file numerous administrative appeals and sick call forms, only to have the same rejected by Respondent. Petitioner alleges the actions by Respondent violate his First and Eighth Amendment rights.

On August 6, 2019, an Order Re: Petition for Writ of Habeas Corpus issued directing Respondent to file an informal response to Petitioner's allegations. An informal response was filed on September 27, 2019. Petitioner did not file a reply by the deadline of October 28, 2019, or file a motion for an extension of the same.

29
30 ORDER RE: PETITION FOR WRIT OF HABEAS CORPUS
31

EXHIBIT

4

2 - Page's

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		1		2		

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PERSONAL COPY Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

Jose Arteaga V299934A-2L-27

S-H-U

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

STAFF Complaint / process as an exercise of CDC - CO2

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A). Since I came to this facility the food has been making me sick. There is an organized retaliatory tactics of food contamination including kosher, right after eating. Some

B. Action requested (If you need more space, use Section B of the CDCR 602-A). I request that the retaliation, the food contamination, and my sick water contamination be investigated and STOP

Y
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Supporting Documents: Refer to CCR 3084.3.

 Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

 No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: *JOA*

Date Submitted: 7-30-19

 By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

Bypassed at the First Level of Review. Go to Section E.

Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

Cancelled (See attached letter) Date: _____

Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____

Reviewer: _____ Title: _____ Signature: _____

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant _____ / _____ / _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____
Inmate/Parolee Signature: _____ Date: _____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because, State reason. (If withdrawal is conditional, list conditions.)

G. Third Level - Staff Use Only		This appeal has been:	
<input type="checkbox"/> Rejected (See attached letter) Date: _____ <input type="checkbox"/> Cancelled (See attached instruction) Date: _____ <input type="checkbox"/> Accepted (See attached letter) Date: _____ <input type="checkbox"/> Accepted at the Third Level of Review. Your appeal issue is _____		Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ See attached Third Level response.	
<input type="checkbox"/> Third Level Use Only		Date mailed/delivered to appellant / / /	

Immate/Parolee Signature: _____ Date Submitted: _____

<p>E. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail to: Third Level Review, it must be received within 30 calendar days of receipt of prior response. Mail to: Chief, inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the DCCR 602-A.</p>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>AC Use Only</p> </div> <div style="text-align: center;"> <p>Date mailed/delivered to appellant / / /</p> </div> </div>

E. Second Level - Staff Use Only		Staff - Check One: Is CCR 602-A Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
This appeal has been:			
<input type="checkbox"/> By-passed at Second Level of Review. Go to Section G.		<input type="checkbox"/> Rejected (See attached letter) Date: _____ Date: _____ Date: _____	
<input type="checkbox"/> Cancelled (See attached letter) Date: _____ Date: _____ Date: _____		<input type="checkbox"/> Accepted at the Second Level of Review	
Assignee to: _____ Title: _____ Date Assigned: _____ Date Due: _____			
Second Level Respondent: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewee's name and title, interview date and location, and complete the section below.			
Interview Location: _____ Date of Interview: _____			
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____			
See attached letter. If dissatisfied with Second Level response, complete Section F below.			
Interviewer: _____ Title: _____ Signature: _____ Date completed: _____		Reviewer: _____ Title: _____ Signature: _____ Date received by AC:	
(Print Name)			

Inmate/Parolee Signature: _____ Date Submitted: _____

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDR 602-A.

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
<u>Arteaga Jose</u>	<u>V29993</u>	<u>27</u>	<u>S-H-U</u>
<p>A. Continuation of CDCR 602, Section A only (Explain your issue):</p> <p>Meals I start feeling sick headaches, Body aches and painfull chills, this retaliation is due to previous lawsuit I've filed, For CDC-602 complaints and being wrongfully charged of assault on officers, the retaliation that's being going on from prison to prison officers communicate from prison to prison to continue the retaliation (on 9-30-18 I've filled a similar appeal at Kern Valley State prison but it hasn't been answered) as of now, furthermore on December 8-18, two officers from 2nd watch never opened my chase door where my sink water pipe is and placed something in the pipe to contaminate my water my water is contaminated and when I drink it is making me sick, violating my human rights by cruel and unusual punishment that constitutes torture. On 12-3-18 I was hospitalized due to this at (K.V.S.P) and now the retaliation against me is continuing in this prison.</p>			
Inmate/Parolee Signature:	Date Submitted: <u>1-30-19</u>		

<p>B. Continuation of CDCR 602, Section B only (Action requested):</p> <p>Provide me with the reason as to why the retaliation is continuing in this prison and why officers never on all the months on January 2019 gave me contaminated food with chemicals to torture and retaliate on Appellant as well as officers Fugate, Gonzalez, Ceballos an investigation needs to be made as to why my Kosher Meals are being tampered with by opening and reclosing to contaminate my Kosher Items. Although this happened at Kern Valley prison as well, this is happening here in Corcoran now, Since after eating them makes me extremely sick.</p>			
Inmate/Parolee Signature:	Date Submitted: <u>1-30-19</u>		

EXHIBIT

~~#~~ 5

9 - Pages

EXHIBIT 5

OFFICE OF APPEALS

P. O. BOX 942883
SACRAMENTO, CA. 94283-0001

**OFFICE OF APPEALS (THIRD LEVEL) DECISION**

APR 22 2020

Jose Artega, V29993
California State Prison, Sacramento

TLR Case No.: 2001715
Local Log No.: COR-19-05380

I. ISSUE ON APPEAL:

Claimant contends an appeal filed on February 19, 2019, was intentionally mishandled or lost creating an adverse effect upon the claimant.

II. RULES AND REFERENCES:**A. CONTROLLING AUTHORITY:**

- California Code of Regulations, title 15, sections 3130; 3131; 3134; 3137 (b); 3084.2 (c) and (d); 3084.7(a), (b), (c); 3084.9 (D)(1)

B. DOCUMENTS CONSIDERED:

- (2) CDCR 602 Inmate Appeal Form, TLR # 1903147
- CDCR 602 Inmate Appeal Form, Log # COR-19-0538/NKSP-19-03686
- CDCR 602 Inmate Appeal Form, Log # COR-19-4194
- CDCR 602 Inmate Appeal Form (AMENDED); No Log
- CDCR 1858 Rights and Responsibility Statement Form, dated February 19, 2019
- CDCR 22 Inmate Request Form, mailed February 19, 2019
- Inmate Request for Interview, dated March 7, 2019
- Office of Appeals Rejection Letter, dated May 10, 2019 (TLR # 1903147)
- CDCR 22 Inmate Request Form, mailed June 24, 2019
- (2) CDC Form 695 Screening Form, dated June 27, 2019 (CSPC-7-19-04194)
- First Level Response, dated August 22, 2019 (CSPC-7-19-05380)
- Second Level Staff Complaint Response, dated August 22, 2019 (CSPC-7-19-04194/COR-2140-19-271)
- Effective Communication Determination Form, dated August 13, 2019 (CSPC-7-19-04194)
- Effective Communication Determination Form, dated August 20, 2019 (Log # 19-05380)
- CDC Form 695 Screening Form, dated October 1, 2019 (NKSP-D-19-03686)
- Second Level Response, dated December 31, 2019 (CSPC-7-19-05380)
- Amended Staff Complaint Response, dated March 18, 2020 (CSPC-7-19-04194/COR-2140-19-271)

III. REASONING AND DECISION: DENIED

In the instant matter, the claimant is adamant that he filed a staff complaint appeal on February 19, 2019, yet did not receive a reply from the Appeals Coordinator until June 27, 2019. It should be noted that the issue forming the basis for the claimant's February 19, 2019 appeal, is not the issue being discussed here. Rather, the claimant argues

Jose Artega, V29993
TLR Case No. 2001715

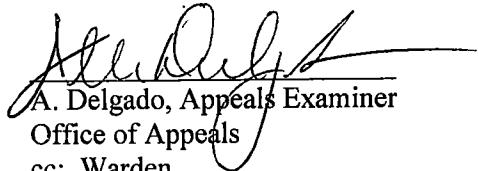
that his appeal was mishandled resulting in unnecessary delays. The claimant therefore seeks an inquiry as to what may have contributed to the delays or mishandling of his February 2019 appeal. The undersigned therefore engaged in a diligent search of records within the Strategic Offender Management System (SOMS), Electronic Records Management System (ERMS), and within the Office of Appeals that would substantiate the claimant's assertions or provide clarity as to what may have transpired. Consequently, a critical issue was discovered. As evinced in the "Documents Considered" section of this response, the undersigned found numerous appeals and supporting documentation surrounding the February 2019 staff complaint. It was further discovered that on March 14, 2019, the Office of Appeals received a staff complaint dated "February-19-19" from the claimant (TLR # 1903147). For reasons unknown, however, this appeal had somehow bypassed the First and Second Level reviews. Unfortunately, it cannot be determined whether the bypassing occurred as a result of the claimant's actions or from an error in appeal or mailroom processing at the institution. Nevertheless, the Office of Appeals deferred the appeal (TLR # 1903147) back to the institution for review and consideration.

Without a doubt, the bypassing of the First and Second Levels contributed to the overall delay in the claimant's initial appeal. Having not received a timely response, the claimant subsequently filed additional appeals—most dated February 19, 2019—regarding the very same staff complaint. The overlapping appeals and their trailing responses exacerbated the issue and caused further confusion. Due to his diligence, however, the basis for the claimant's initial appeal was ultimately addressed. Moreover, there is no evidence within this appeal suggesting that the claimant or institution acted with intentional malice. Nevertheless, all parties are encouraged to review appeal processes and procedures so as to avoid future delays or confusion.

After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that the appeal at the Third Level of Review is **DENIED**. This decision exhausts the administrative remedies available to the appellant within CDCR.

IV. IV. REMEDY

Your appeal has been denied. The issue forming the basis of the claimant's February 19, 2019, appeal was ultimately addressed. Therefore, there is no applicable remedy.



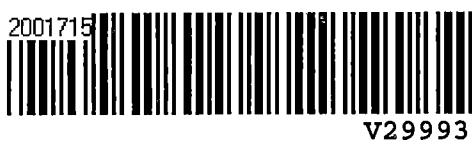
A. Delgado, Appeals Examiner
Office of Appeals
cc: Warden
Grievance Coordinator

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

2001715



USE ONLY Institution/Parole Region: Log #: Category:
CSP-CORCORAN 19-5380 3
NKSP-D-19-031084 FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

Jose A. Garcia

19-5380-3

ASU

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

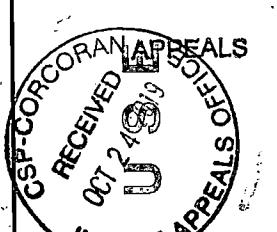
Mail STAFF Complaint

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): *On 2-19-19*

*Appellant Filed a STAFF Complaint Through The
MAIL to be delivered to The Appeal's Coordinator
by placing IT in OFFICER Garcia's hands since*

B. Action requested (If you need more space, use Section B of the CDCR 602-A): *I Request*

*that an investigation be made as to why my
Appeal was LOST OR MISHANDLED, Violating
my FIRST AMENDMENT RIGHT.*



REC BY 00A

FEB 12 2020

NSC 8/14/19

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

COPY OF CDCR 22

Form Dated 2-19-19

signed by C/O Garcia

No, I have not attached any supporting documents. Reason: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): The requested action, Since the Violation created adverse effect and violated my Constitutional Right. Please exhaust Administrative Remedies. thanks you.

Marcelo
Signature

Inmate/Parolee Signature:

Date Submitted:

9-26-19

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature:

Date Submitted:

NKSP-D-19-03686

3 Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

2001715

CSP-CORCORAN

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

Jose Arteaga

CDC Number:

Unit/Cell Number:

174

Assignment:

A S U

A. Continuation of CDCR 602, Section A only (Explain your issue): he was picking up mail this date in which he signed and dated a CDC-22 Form (see copy of this CDC 22 copy attached) as my prove that this complaint was filed, but Appellant did not received a respond from the appeal Coordinator till 6/27/2019, with a Log # CSPC-7-19-04194, alleging that my complaint was late. (the incident happened on 2-12-19 and my appeal was filed on 2-19-19, so it couldn't be late) For some reason my appeal was lost or mishandled. On July 19, 2019, this appeal was finally accepted as "timely" after appellant kept re submitting it to the appeal chief and Appeal Coordinator to explain in the problem, and is in fact when Appellant became aware that his rights to access to mail were violated (a First Amendment violation) since the July 19-19 admission acceptance confirmed this violation.

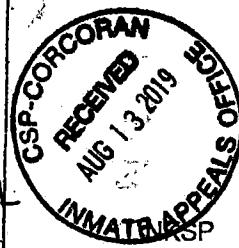
Inmate/Parolee Signature:

Date Submitted: 8/10/19

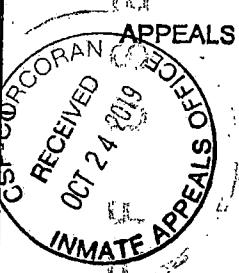
B. Continuation of CDCR 602, Section B only (Action requested):

Inmate/Parolee Signature:

Date Submitted:



OCT 01 2019



REC BY OOA

FEB 12 2020

NSC 2/14/19

DIVISION OF ADULT INSTITUTIONS**CALIFORNIA STATE PRISON - CORCORAN**

P.O. Box 8800

Corcoran, CA 93212

**AUGUST 22, 2019****Inmate ARTEAGA, CDCR No. V29993**

Housing: ASU-174L

California State Prison-Corcoran

Re: FIRST LEVEL APPEAL RESPONSEAppeal Log # **CSPC-7-19-05380**

The attached appeal had been referred to the Hiring Authority for consideration of processing as a Staff Complaint. On August 14, 2019, the Hiring Authority determined the appeal does not meet the requirement for assigning as a Staff Complaint. The appeal has been categorized as a Mail issue.

APPEAL ISSUE: You claim your Inmate Appeal specifically (given to Officer E. Garcia) was deliberately mishandled or lost. You further contend your First Amendment rights were violated.

APPEAL REQUEST: You request an investigation be conducted as to why your mail is not being processed according to institutional policy and procedure.

EFFECTIVE COMMUNICATION: A review of the Test of Adult Basic Education list reveals you have a Reading Grade Point Level of 5.2; therefore, you do not require special accommodations to achieve Effective Communication.

INTERVIEW: On AUGUST 22, 2019, Sergeant J. Cerda interviewed you regarding your appeal. You were afforded the opportunity to further explain your issue and to provide any additional supporting evidence, documents, or witnesses. During the interview, you stated, "I don't blame anyone but I want to know what happen to my appeal."

APPEAL RESPONSE: Your appeal, the attachments, California Department of Corrections and Rehabilitation 114-A, the Department Operations Manual (DOM) Operational Procedure (OP) 220, and the California Code of Regulations (CCR), Title 15 have been reviewed.

An inquiry was completed at the First Level of Review (FLR). The ASU Housing Unit Officer E. Garcia was contacted in regards to your mail issue. Officers Garcia explained the process of incoming/outgoing mail on a daily basis as it is received from the Mailroom. He elaborated all mail received into ASU is processed on the day it comes in and is passed out or rerouted if the inmate is no longer housed in the building. Also that appeals received directly from inmates via mail pickup are dropped into the locked Appeals box located in the front hallway of the building.

The Appeals Coordinator J. Ceballos was also contacted concerning your appeal. He stated all appeals received by his office are assigned an appeals log number for tracking. He stated for the month of February 2019, only one (1) appeal was received and logged in bearing your name.

First Level Response
Arteaga, CDCR #V29993
CSPC-7-19-05380
Page 2 of 2

Pursuant to DOM, Supplement 54010, Inmate Mail, which states in part, "*Prior to issuing mail, staff will ensure all stamps are removed from envelopes.*" Pursuant to CCR Title 15, Section 3143 (a), Processing Incoming Confidential Mail, which states, "*Designated staff shall open the letter in the presence of the addressed inmate at a designated time and place. Staff shall not read any of the enclosed material and shall remove the pages and shake them to ensure the absence of prohibited material.*"

There are no facts or evidence to support your allegations towards staff mishandling your mail or violating policy/procedures.

DECISION: A thorough inquiry was completed in the handling and processing of your mail and no discrepancies were discovered. Staff will continue to follow departmental policy and procedures when processing and handling all mail and inmate appeals. Your request for mail handling procedures in ASU1 to be looked into has been GRANTED. Your claim your rights were violated has been determined to be unfounded and without merit.

Based on the above information, your appeal is **PARTIALLY GRANTED** at the FLR.



J. CERDA
Correctional Sergeant
California State Prison-Corcoran



R. JUAREZ
Associate Warden-SHU (A)
California State Prison-Corcoran

DIVISION OF ADULT INSTITUTIONS**CALIFORNIA STATE PRISON - CORCORAN**P.O. Box 8800
Corcoran, CA 93212

December 31, 2019

Inmate ARTEAGA, V29993**Re: SECOND LEVEL APPEAL RESPONSE**

Log # CSPC-7-19-05380

Issue: MAIL

The attached appeal has been referred to the hiring authority for consideration of processing as a staff complaint. Per memo signed by the hiring authority dated August 14, 2019, the appeal does not meet the requirements for assignment as a staff complaint. The appeal has been categorized as a Mail issue.

DECISION: Granted

EFFECTIVE COMMUNICATION: A review of the Test of Adult Basic Education list reveals you have a Reading Grade Point Level of 5.2, therefore, you do not require special accommodation to achieve effective communication.

PROBLEM DESCRIPTION: You allege an Inmate Appeal to you gave to Officer E. Garcia was deliberately mishandled or lost.

ACTION REQUESTED: You request an investigation be conducted as to why your mail is not being processed according to institutional policies and procedures.

APPEAL RESPONSE: You were interviewed by Sergeant J. Cerdá on August 22, 2019, at the First Level Review (FLR). Your appeal, the attachments, California Code of Regulation (CCR), and the Title 15 have been reviewed. It was determined staff did not afford you with an appropriate response on the FLR dated August 22, 2019. An inquiry was conducted into the processing of your mail. You did show evidence that suggests a delay may have occurred causing you have to write the Appeal Coordinator to get your appeal accepted. However, during this inquiry it was determined your appeal was accepted, staff are following policies and procedures when processing mail, and no evidence was discovered to suggest deliberate wrong doing on the part of any staff. Staff will continue to process mail in accordance with policies and procedures. Your appeal has been Granted at the Second Level of Review.

DECISION: Granted


M. GAMBOA
Chief Deputy Warden
California State Prison - Corcoran
DM

cc: Central File
Appeal File

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
WILLIE JONES		V-229985	
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): COURT APPOINTED COUNSEL
101	101		

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

WILLIE JONES
RECEIVED FOR COURT APPOINTED COUNSEL
2/18/11

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

 SENT THROUGH MAIL: ADDRESSED TO: _____

DATE MAILED: 2/18/11

 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
WILLIE JONES	2/18/11	WILLIE JONES	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	
WILLIE JONES	2/18/11		

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Tuesday, October 1, 2019

*ARTEAGA, V29993
D 004 1144001L*

MAIL, , 10/01/2019
Log Number: NKSP-D-19-03686

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Be advised that your appeal has been forwarded to another CDCR unit for processing.

The NKSP Inmate Appeal Office received your appeal on October 1, 2019. In your appeal you are responding to an issue stemming from California State Prison, Corcoran (COR). Although you have submitted your appeal, this issue stems from actions occurring at COR; therefore your appeal will be forwarded to the COR Inmate Appeals Office for further review. DO NOT RESUBMIT A "NEW" APPEAL ON THIS ISSUE AND YOU NEED TO BE PATIENT REGARDING RECEIVING A RESPONSE FROM THE COR INMATE APPEALS OFFICE.

This CDC 695 is not to be construed as an elimination of your due process rights but as a tool to file your appeal on the appropriate form or for you to provide the appropriate information so that your appeal can be filed or your questions answered. You are not allowed to detach the CDCR-695's as they are a permanent attachment to the appeal.
YOUR APPEAL HAS BEEN PROCESSED. Thank you.

cll
Appeals Coordinator
NKSP

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

EXHIBIT

6

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EXHIBIT #6

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Arteaga Jose		V29993	<i>Shhh</i>
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
174	A.S.U		Unhealthy Food

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

On August 26 and 27 of 2019 I was given by S/o Garcia a Kosher meal that was spoiled or contaminated since they made me sick and gave me a bad reaction after consuming. Can you please call the kitchen and tell them about the problem.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: 8/27/19

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
<i>S/o Garcia</i>		<i>[Signature]</i>	<i>[Signature]</i>

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
<i>S/o Garcia</i>		

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
<i>[Signature]</i>		<i>[Signature]</i>	<i>8/27/19</i>

<p><i>Staff (S/o Garcia) is fine. Yes, I will file a complaint about this meal. I will speak with S/o Garcia and let him know what I think. I will also speak with the kitchen staff to see if there is a problem with the meal preparation. I will keep you updated on the progress of this issue.</i></p>			
---	--	--	--

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:		DATE SUBMITTED:
<i>[Signature]</i>		<i>8/27/19</i>

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
<i>[Signature]</i>			

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: _____
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
--------------------------------	-------	------------	--

IF FORWARDED – TO WHOM: <i>Department of Library Services</i>	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
--	------------------------	--

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
------------------------	-------	------------	----------------

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
--------------------------------	-------	------------	----------------

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
 CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER: 174	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): 174

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED ****

SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: 2/12/11
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: 174	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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**STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)**

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): CONTAMINATED FOOD

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW

**METHOD OF DELIVERY (CHECK APPROPRIATE BOX) ** NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: *7/17/17*
 DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
Eric Padua	27-4-19		(CIRCLE ONE) <input checked="" type="radio"/> YES <input type="radio"/> NO

IF FORWARDED - TO WHOM: *Mark W. Sweeney, Jr.* DATE DELIVERED/MAILED: *10/10/08* METHOD OF DELIVERY:
 (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: _____ DATE: _____ SIGNATURE: _____ DATE RETURNED: _____

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE: _____ **DATE SUBMITTED:** _____

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
Arteaga Jose	V29993		YA 27	
PATIENT SIGNATURE			DATE	
			1-31-19	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) The food has been making me Although I'm not allergic to any food. → Sick

For many weeks now the food has been giving me this allergic reaction, headaches, chills and body pains making me sick when I eat some meals.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL:

NAME	CDC NUMBER	HOUSING
Arteaga, Joe	V29993	4A-21-27
PATIENT SIGNATURE	Joe Arteaga	
	DATE	2-3-19

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had The Problem) ~~The Edent Kukher - is being alterna~~
~~Contaminated - is making me sick in~~
~~this facility. When I eat this food I~~
~~having no chills and body shakes.~~

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME	CDC NUMBER	HOUSING
Arteaga	127993	27

PATIENT SIGNATURE	DATE
Arteaga	2/6/2019

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Officers are allowing me contaminated food that is making me sick after eating it. I have been sick for a week now.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME	CDC NUMBER	HOUSING
Arteaga	129993	A.S.U-174
PATIENT SIGNATURE	Ch.A	
	DATE	
	Feb-26-19	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *Today I'm starting a Hunger Strike.**The food is giving me bad reactions.**-sick or allergies.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

3173866
HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME Arteaga J CDC NUMBER V27793 HOUSING 74PATIENT SIGNATURE AJH DATE March 5 - 19REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had The Problem) I'm being having This bad reactions and symptoms after eating the food. Fealling sick and developing this rash on body and ~~head~~ also chills and body aches.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

REDACTED

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME *John Doe* | CDC NUMBER *123456789* | HOUSING *Apartment*

PATIENT SIGNATURE DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

The food is making me sick (au
Koddy pain chills headaches)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME	CDC NUMBER	HOUSING
Arteaga	V231913	74

PATIENT SIGNATURE	DATE
<i>Arteaga</i>	3/25/19

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

For months I been complainin of a growing

Patch all over my body. In medical, that is. Purple, red, itchy, itches and burn. But I haven't notice any

answer for it to be valid. Whether it is serious or

not. I need to see a Doctor. Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME **ArTeaga Jose** CDC NUMBER **V-21773** HOUSING **174**PATIENT SIGNATURE **J. Jose** DATE **APRIL-11-19**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) **For the last 4 months or more I been Complainig of RASH that keeps spreading all over my body. I was told I would be seen by a Doctor within 4 months ago but as of this date this has not happened nor any treatment has being done to further treat this rash.**

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM **THANK YOU FOR YOUR TIME**

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

REDACTED

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME: Ar Teaga J. | CDC NUMBER: V29993 | HOUSING: G - 174

PATIENT SIGNATURE:  | DATE: 4-20/19REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)
I have this rash all over my body that keeps growing and spreading. I'm also having abdominal and intestinal pain.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME ArTeaga CDC NUMBER V29993 HOUSING 6-174PATIENT SIGNATURE ArTeaga DATE 4-23-19

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I have a Rash on my body, THAT KEEP ITCHING, I need a RASH cream

I being Scheduled by DOCTORS To see a Dermatologist

But I DON'T KNOW When Thank You

ITS THIS APPOINTMENT

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME	CDC NUMBER	HOUSING
Alvin J. Jose	V-21175	174
PATIENT SIGNATURE	4/27/2019	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) For many months now The Food has been making me sick. I'm getting chemical reactions when I eat the food in this facility. Getting sick. All animal fun and I only

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME *Arledge, T* CDC NUMBER *V27793* HOUSING *174*PATIENT SIGNATURE *[Signature]* DATE *June 19/12*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem.)

The food has been making me sick for months now. I am getting a bad reaction after eating, which causes headache and body aches.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
A. Deason	V29973		174	
PATIENT SIGNATURE			DATE	
6/10/2011				

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) The Food For many months now has been making me sick giving me chemical reactions to certain foods. Head aches, chills, colds, etc. It is also causing Rashies and Diarrhea - small pox.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I have a rash all over my body that keeps spreading in different parts of my body - The food I'm being making me sick for many months now. Giving me chemical reactions that are bad.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

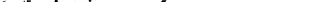
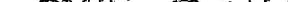
PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME A. T. Teague CDC NUMBER 18999 HOUSING 174

PATIENT SIGNATURE  DATE 

REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe Your Health Problem And How Long You Have Had It)

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) ~~Food given to me by Officer~~ Continues in Africa I'm sick. For many months now this is giving me chemical reactions. This is not being taken serious. For months I been complaining of kidney and right abdominal pain and I am being ignored.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

1455425
HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME **Anteceda** CDC NUMBER **V29993** HOUSING **174**PATIENT SIGNATURE **964**DATE **7-2-17**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

MY KOSHER MEALS ARE BEING GIVEN TO ME TRIMMED AND MAKING ME SICK, THIS HAS BEEN HAPPENING FOR MONTHS NOW, CAUSING BODYACHES, STOMACH aches, DROWZINESS, AND ANXIETY.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER			HOUSING
PATIENT SIGNATURE				DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *The Food Selectively given to me by officers is making me sick. Giving me chemical reactions this being happening for months now. giving me Early chills, stomach aches and upsets. The food given to me is spoiled or Contaminated.*

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

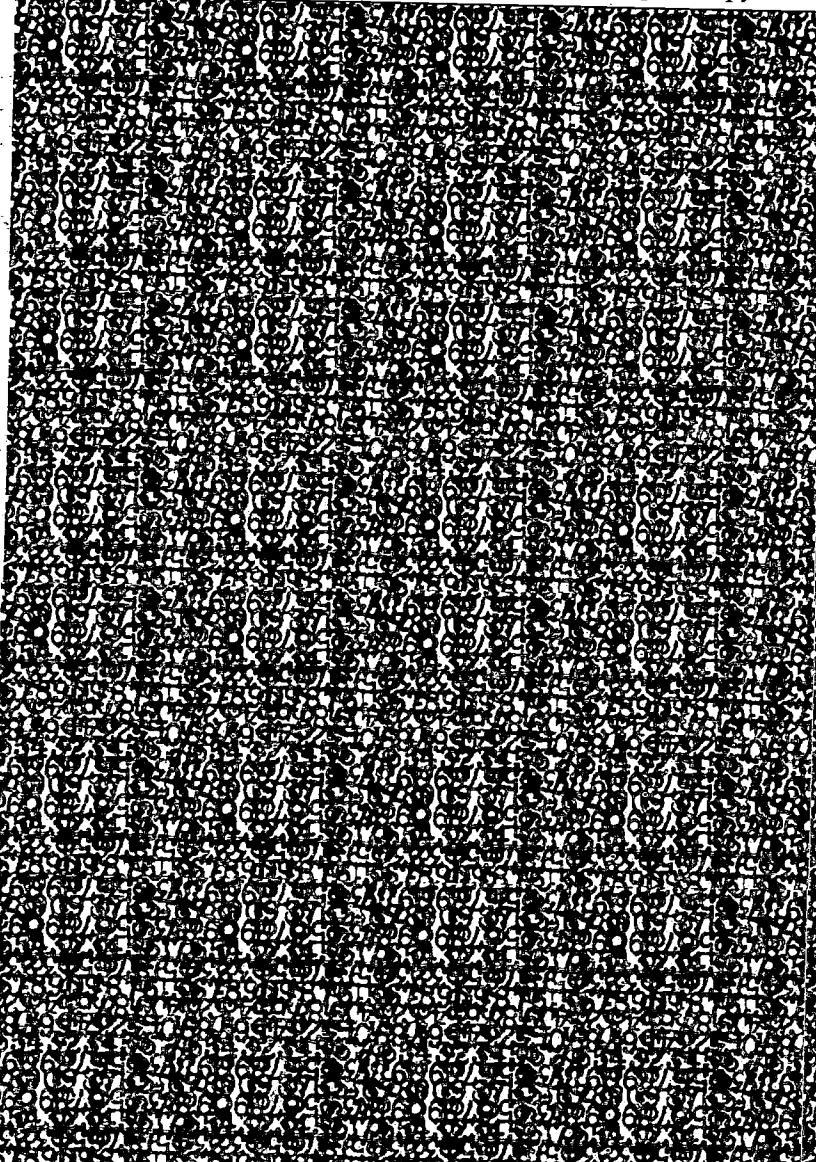
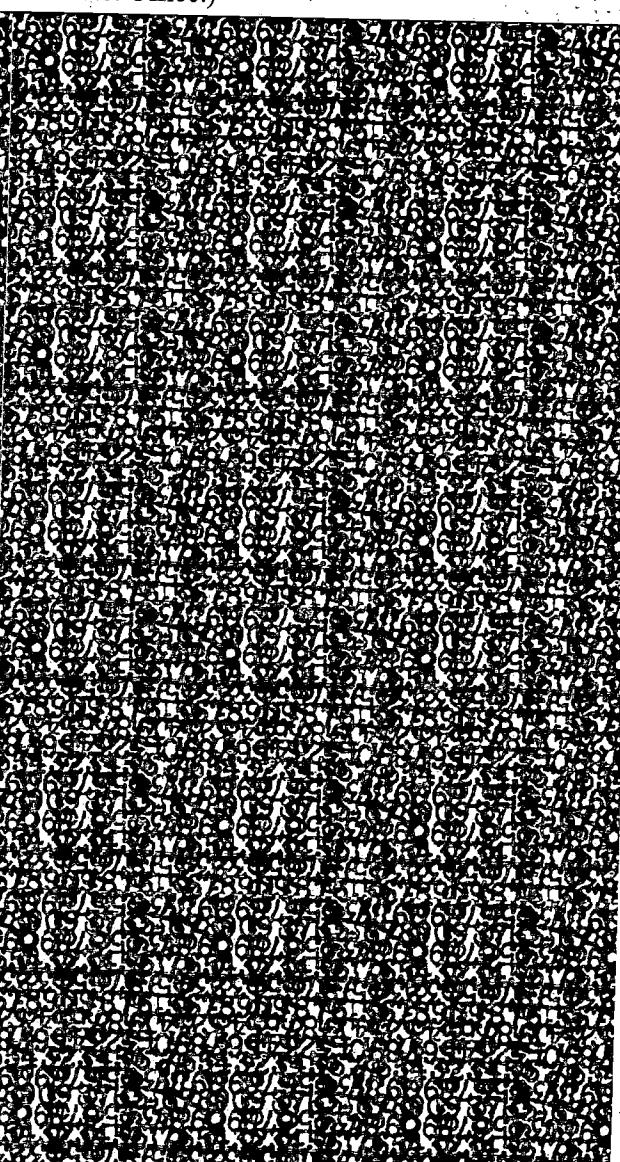
*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

The Food is giving me bad reactions
chills, intestinal pains, rashes I've
Filed many CDC 7362s regarding this
issue - ~~about~~ the bad food. Reactions
Continue.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
Anteaga, T	V29993		174	
PATIENT SIGNATURE	2014		DATE	
			7/14/19	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had The Problem)

Now Food is being tampered with making me sick, giving me chemical reactions & this being a hold being for months now which is causing diarrhea & to develop this rash all over my body, and intestinal pains.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME: *Arteaga* CDC NUMBER: *V29993* HOUSING: *174*PATIENT SIGNATURE: *7/14* DATE: *7-19-19*

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

The Food is giving me chemical reactions making me sick. This has been happening for many months now, giving me rashes, abdominal pain, chills and headaches.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME Arte969 CDC NUMBER V19993 HOUSING 174PATIENT SIGNATURE Ch/14 DATE 7/30/19REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) The Food Trade given to me by officer made me sick. Again giving me chemical reactions. Radish actives and chilis and draw-ness. Food should not make you sick. This food is contaminated - cause is giving me allergic reactions.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME: A. reagan CDC NUMBER: Y29993 HOUSING: 174PATIENT SIGNATURE: 9/14 DATE: 8-16-19REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I have skin aching Rashes that are nowcovering all over my body due to this I amhaving Thru night Itching and pain.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME **ArTeaga** CDC NUMBER **V29993** HOUSING **174**PATIENT SIGNATURE **ArTeaga** DATE **8-26-19**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem.) **The Food Given To Me by Officer is Contaminated & Spoiled. This been an ongoing problem. Making Me Sick and giving me this rashes. And stomach aches.**

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty:**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME *Art3169* CDC NUMBER *V21112* HOUSING *174*PATIENT SIGNATURE *Art* DATE *9/5/2021*REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *For Many Months I have been Requesting to be treated for Hepatitis C but I am Denied - OR I'm not being treated - I was told by Doctor, That Lab was Done and that I will very soon start to be treated. Please start my****NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM (A.S.A.P.) TREATMENT THANK YOU***

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**

REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
PATIENT SIGNATURE	DATE			

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) _____

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar (\$5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

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The copayment of \$5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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REDACTED AREA

STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

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YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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NAME _____ CDC NUMBER _____ HOUSING _____

PATIENT SIGNATURE _____ DATE _____

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) _____

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) _____

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

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- reception center screening and evaluation.
- inpatient services, extended care, or skilled nursing services.

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 - PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

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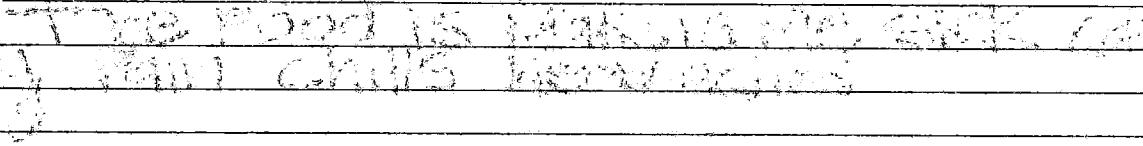
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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) 

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM.

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CUC 702 - PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

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follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

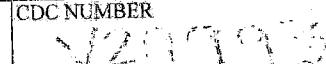
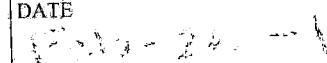
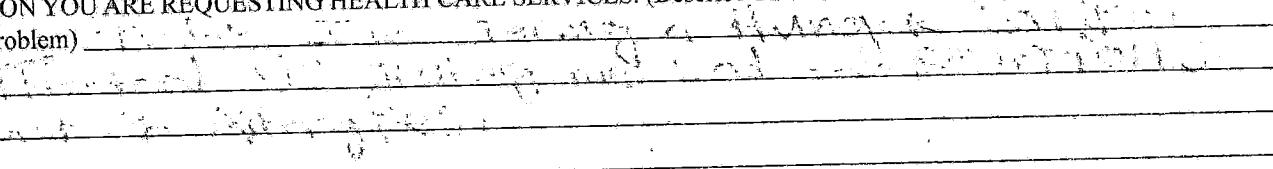
YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME  CDC NUMBER  HOUSING PATIENT SIGNATURE  DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) 

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

INMATE REQUEST
HEALTH CARE SERVICES REQUEST
CDC 770 - PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

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an emergency.

a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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- mental health services.
- follow up health care services recommended by a doctor, nurse, or dentist.
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- reception center screening and evaluation.
- inpatient services, extended care, or skilled nursing services.

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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STATE OF CALIFORNIA

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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INFORMATION ABOUT YOUR
HEALTH CARE VISIT

DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 6, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

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a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL

NAME	CDC NUMBER	HOUSING
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PATIENT SIGNATURE	DATE
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REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) _____

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 9, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div 3, has also been changed because of this law.

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a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

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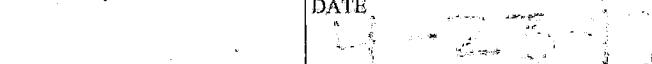
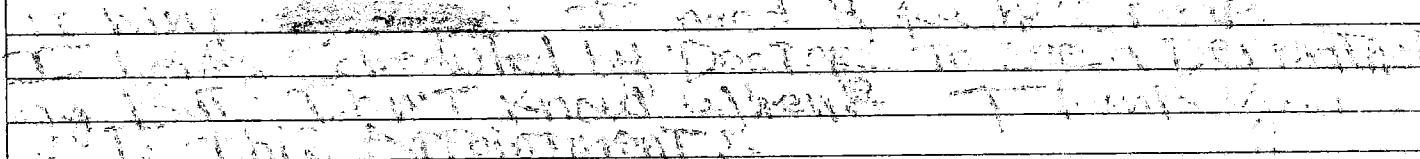
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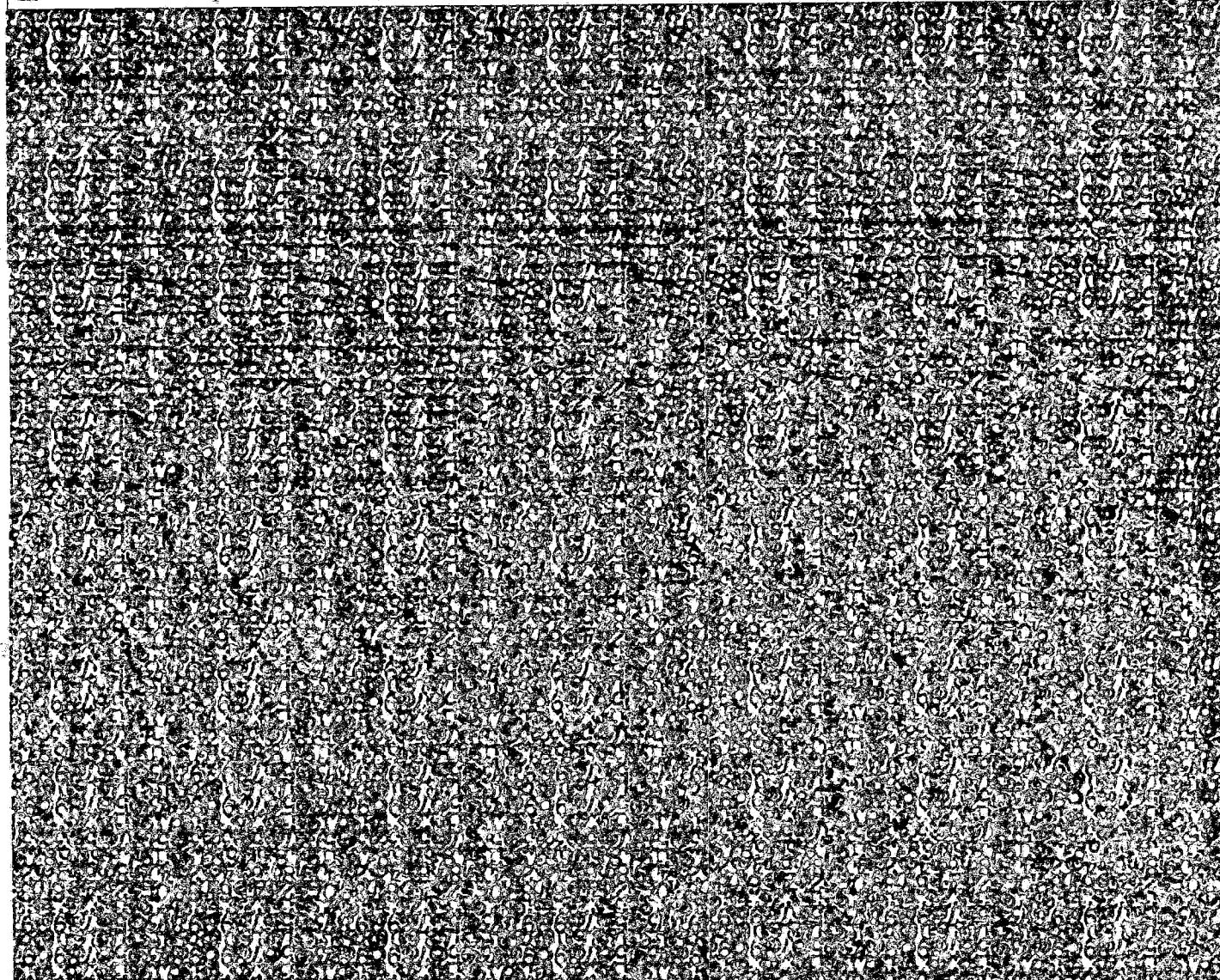
HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
PATIENT SIGNATURE			DATE	

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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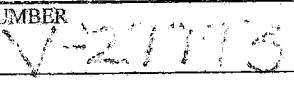
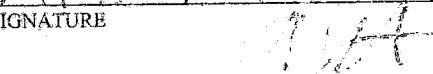
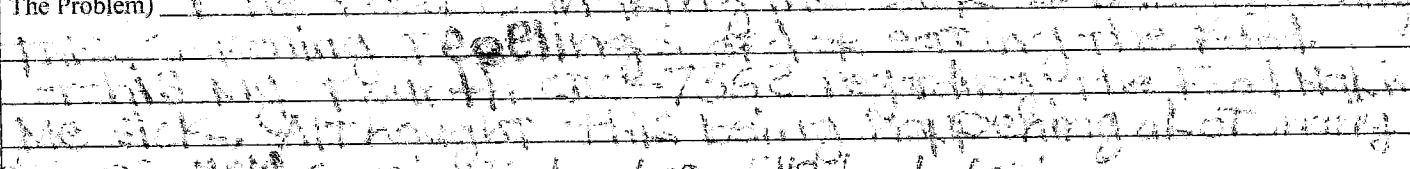
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HEALTH CARE SERVICES REQUEST FORM

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If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME  CDC NUMBER  HOUSING PATIENT SIGNATURE  DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) 

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IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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HEALTH CARE SERVICES REQUEST FORM

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NAME _____ CDC NUMBER _____ HOUSING _____

PATIENT SIGNATURE _____ DATE _____

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) _____

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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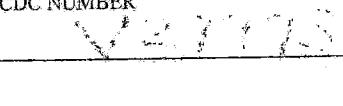
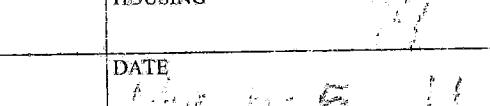
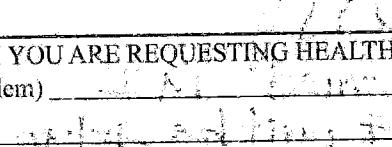
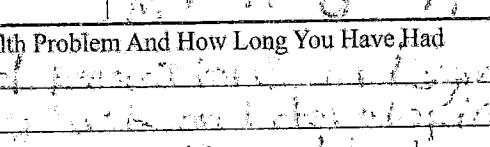
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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME  CDC NUMBER  HOUSING PATIENT SIGNATURE  DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) 

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER			HOUSING
PATIENT SIGNATURE				DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

Has been in the medical facility

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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a communicable disease (such as HIV, AIDS, and TB).

mental health services.

follow up health care services recommended by a doctor, nurse, or dentist.

health care services necessary to comply with State law and regulations (e.g., annual TB testing).

reception center screening and evaluation.

inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME CDC NUMBER HOUSING PATIENT SIGNATURE DATE REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

 Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
PATIENT SIGNATURE	DATE			

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/>	MEDICATION REFILL <input type="checkbox"/>
NAME	CDC NUMBER		HOUSING	
PATIENT SIGNATURE	DATE			

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
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STATE OF CALIFORNIA

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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STATE OF CALIFORNIA
HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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NAME	CDC NUMBER	HOUSING
PATIENT SIGNATURE		DATE

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STATE OF CALIFORNIA

HEALTH CARE SERVICES REQUEST

CDC 7362 PAGE 2

DEPARTMENT OF CORRECTIONS

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STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST FORM

PART I: TO BE COMPLETED BY THE PATIENT

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REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME **Arteaga Jose** CDC NUMBER **V29903** HOUSING **74**PATIENT SIGNATURE **AMT**DATE **10/11/19**

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) **I'm having trouble vision and Headaches due to an incident I suffered on Feb-12-11 I feel unbalance - I need to see The OPTOMETRIST Since this happened I being having more neurological problems.**

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STATE: CALIFORNIA
CDC: 7 (Rev. 03/04)

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REQUEST FOR: MEDICAL MENTAL HEALTH DENTAL MEDICATION REFILL NAME: *ARTENIA JOSE* CDC-NUMBER: *029773* HOUSING: *74*PATIENT SIGNATURE: *[Signature]*DATE: *Feb-21-2022*REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) *On FEBRUARY 12-13-2022 I had a heart attack in my sleep which resulted in a eye socket fracture**Causing eye pain and swelling of the eye socket and an eye socket**Pain with swelling of the eye socket and a headache and dizziness**NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM*

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EXHIBIT

#

7

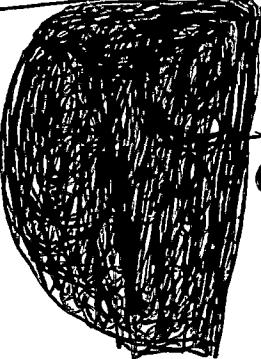
10.  Pages

EXHIBIT-7

* Auth (Verified) *

ED Depart Summary
 * Final Report *

ARTEAGA, JOSE O - 101-415-41

Result Type: ED Depart Summary
 Result Date: February 12 2019 15:47 PST
 Result Status: Auth (Verified)
 Result Title: ED Depart Summary
 Performed By: Kaur, RN, Kuldip on February 12 2019 15:47 PST
 Verified By: Kaur, RN, Kuldip on February 12 2019 15:47 PST
 Encounter info: 37700701952, 85, Emergency, 02/12/2019 - 02/12/2019

* Final Report *

ED Depart Summary (Verified)

Adventist Health Bakersfield Emergency Department Depart Summary

PERSON INFORMATION

Name ARTEAGA, JOSE O	Age 37 Years	DOB 9/09/1981 12:00 AM
Sex Male	Language English	PCP NONE, MD
Marital Status Unknown	Phone (661) 395-3000	
MRN 101-415-41	Visit Id	Acct# 37700701952
Visit Reason Neck pain: FALL	Specialty NA	
Enc Type Emergency	Med Service Emergency Medicine	Referred by
Track Group 85 ED Tracking Group	Discharge 2/12/2019 3:46 PM	Arrival Mode ALS Ambulance
Tracking Id 650846526	Checkout 2/12/2019 3:46 PM	Dispo Type Home or Self Care
Acuity 3-Urgent		
Arrival 2/12/2019 1:52 PM	Reg Status Complete	LOS 000 01:54

Address:

COR CORCORAN CA 93212

PROVIDER INFORMATION

Providers	Role	Assigned	Unassigned
Amin, Manish N	ED Physician	02/12/2019 02:01 PM	
Kuldip K.	ED Nurse	02/12/2019 02:09 PM	

VITALS INFORMATION

Vital Sign	Triage	Latest
Temperature		
Temp Site		
Pulse Rate		

Printed by: Pillai, Cristy A
 Printed on: 02/13/2019 08:42 PST

Page 1 of 4
 (Continued)

Exhibit 7-A

* Auth (Verified) *

ED Depart Summary

ARTEAGA, JOSE O - 101-415-41

* Final Report *

Respiratory Rate		
Blood Pressure	/ 84 mmHg	/ 76 mmHg

EVENTS INFORMATION

Event Name	Event Status	Request Date/Time	Start Date/Time	Complete Date/Time
Arrive	Complete	2/12/2019 1:52 PM	2/12/2019 1:52 PM	2/12/2019 1:52 PM
Alert	Request	2/12/2019 1:52 PM		
Bands/Labels	Complete	2/12/2019 1:52 PM	2/12/2019 1:55 PM	2/12/2019 1:55 PM
MSEI Icon	Complete	2/12/2019 1:52 PM	2/12/2019 2:01 PM	2/12/2019 2:01 PM
To ED Bed	Complete	2/12/2019 1:52 PM	2/12/2019 1:59 PM	2/12/2019 1:59 PM
Triage	Complete	2/12/2019 1:52 PM	2/12/2019 1:52 PM	2/12/2019 1:52 PM
RN To See	Complete	2/12/2019 1:59 PM	2/12/2019 1:52 PM	2/12/2019 1:52 PM
Patient Data Profile	Complete	2/12/2019 1:52 PM	2/12/2019 2:11 PM	2/12/2019 2:11 PM
MSEI MD/PA/NP	Start	2/12/2019 2:01 PM	2/12/2019 2:01 PM	
Rad	Complete	2/12/2019 2:02 PM	2/12/2019 2:27 PM	2/12/2019 2:27 PM
MSEI MD/PA/NP	Complete	2/12/2019 2:01 PM	2/12/2019 2:01 PM	2/12/2019 2:01 PM
Fin Reg	Complete	2/12/2019 2:01 PM	2/12/2019 2:07 PM	2/12/2019 2:07 PM
ProxyOne	Complete	2/12/2019 2:01 PM	2/12/2019 2:01 PM	2/12/2019 2:01 PM
Stop At Registration	Complete	2/12/2019 2:01 PM	2/12/2019 2:07 PM	2/12/2019 2:07 PM
Chart Complete	Request	2/12/2019 2:47 PM		
Discharge	Request	2/12/2019 3:19 PM		

LOCATION INFORMATION

Arrival	Nurse Unit	Room	Bed
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Printed on: 02/13/2019 08:42 PST

Page 2 of 4
(Continued)Exhibit ~~7-B~~

* Auth (Verified) *

ED Depart Summary
* Final Report *

ARTEAGA, JOSE O - 101-415-41

2/12/2019 1:52 PM	ER-BD	LOB
2/12/2019 1:59 PM	ER-BD	H 01
2/12/2019 3:46 PM	ER-BD	Depart Pts

ORDERS INFORMATION

Start Time	Order	Type	Status	Stop Time	Provider
2/12/2019 2:01 PM	Verify ePrescribe Patient Pharmacy	Patient Care	Ordered	2/12/2019 2:01 PM	System, System
2/12/2019 2:02 PM	CT Cervical Spine WO Contrast	Radiology	Completed	2/12/2019 2:42 PM	Amin, DO, Manish N
2/12/2019 2:02 PM	CT Brain WO Contrast	Radiology	Completed	2/12/2019 2:44 PM	Amin, DO, Manish N
2/12/2019 3:19 PM	Discharge Patient (ED)	Patient Care	Ordered	2/12/2019 3:19 PM	Amin, DO, Manish N

MEDICAL INFORMATION

Allergy Info:

NKA

Prescriptions Given

DISCHARGE INFORMATION

Discharge Disposition: Home or Self Care

Discharge Location:

PATIENT EDUCATION INFORMATION

Instructions:

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 Printed on: 02/13/2019 08:42 PST

Page 3 of 4
(Continued)

* Auth (Verified) *

ED Depart Summary
* Final Report *

ARTEAGA, JOSE O - 101-415-41

CONCUSSION, No Wake Up
Follow up:

With: Address: When:
MD NONE Within 1-2 days

With: Address: When:
Follow up with primary care provider Within 1-2 days

Comments:

Follow-up with the jail doctor in the morning and address the issue of a potential orbital wall fracture.

(The orbital fracture was later confirmed)

Completed Action List:

- * Perform by Kaur, RN, Kuldip on February 12 2019 15:47 PST
- * Sign by Kaur, RN, Kuldip on February 12 2019 15:47 PST
- * VERIFY by Kaur, RN, Kuldip on February 12 2019 15:47 PST

Printed by: Pillai, Cristy A
Printed on: 02/13/2019 08:42 PST

Page 4 of 4
(End of Report)

ED Physician Notes
* Final Report *

ARTEAGA, JOSE O - 101-415-41

prazosin: 2 mg, ORAL, QEvening, 0 Refill(s), Maintenance.

Past Medical/ Family/ Social History

Medical history:

All Problems

Hepatitis C / 84513012 / Confirmed
Convulsive seizure / 151074011 / Confirmed.

Surgical history:

Appendectomy (132967011)..

Social history:

Social and Psychosocial Habits

Abuse/Intent to Harm

Abuse screen, adult/elderly/domestic: No signs of abuse

Are you thinking of harming or killing anyone else?: No

Feels unsafe at home: No

Safe place to go: Yes

Injuries/Abuse/Neglect in household: No

Complete CSSRS: Yes

*Alcohol Screen

*How often do you have a drink containing alcohol? Monthly or less (1)

*Nutrition Screen

Type of diet: Regular diet

← FALSE. Plaintiff is on a strict Kosher diet!

*Substance Abuse Screen

Current or past use? Past

What types of substances or drugs do you use? Marijuana

*Tobacco Use Screen

*Over the past 30 days, what and how much have you smoked? Never (less than 100 in lifetime)

Physical Examination

Vital Signs

Vital Signs

02/12/2019 14:08 PST

Temperature (F)	99.4	DegF	Normal
Temperature (C)	37.4	DegC	Normal
Pulse rate	98	bpm	Normal
Respiratory rate	20	br/min	Normal
Systolic BP	138	mmHg	Normal
Diastolic BP	84	mmHg	Normal
Pulse Oximetry	97	%	
Oxygen delivery	Room air		
Temp site	Temporal		
BP site	Right arm		

Include ht/wt from flowsheet : Measurements

02/12/2019 14:08 PST

Weight (kg)	81.65	kg	
Dose calculation weight (kg)			81.65
Weight measured method	Estimated		

Oxygen saturation: 97 %.

O2 saturation normal per my interpretation.

General: Alert, no acute distress.

Skin: Warm, dry, no rash, normal for ethnicity. Only sign of trauma was to the head. and eyes, OTHER PARTS

OF Body.

Printed by: Pillai, Cristy A
Printed on: 02/13/2019 08:42 PST

Page 2 of 6
(Continued)

Exhibit F-E

* Auth (Verified) *

ED Physician Notes
* Final Report *

ARTEAGA, JOSE O - 101-415-41

Head: Normocephalic, 3 cm laceration to the right frontal scalp that is stapled shut with 3 staples. No active bleeding. The galea is not involved. Mild tenderness to palpation at the left orbital rim inferiorly without any step-off or deformity of the jaw. There is no tenderness to palpation of the jaw.

Neck: Supple, trachea midline.**Eye:** Extraocular movements are intact, normal conjunctiva.**Ears, nose, mouth and throat:** Oral mucosa moist, Extraocular muscles are intact.**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema.**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion.**Gastrointestinal:** Soft, Nontender, Non distended.**Back:** Normal range of motion.**Musculoskeletal:** Normal ROM, normal strength.**Neurological:** Alert and oriented to person, place, time, and situation, normal motor observed, normal speech observed.**Psychiatric:** Cooperative, appropriate mood & affect.**Medical Decision Making****Documents reviewed:** Emergency department records, prior records.**Orders** Launch Order Profile (Selected)**Inpatient Orders****Ordered**

Verify ePrescribe Patient Pharmacy: 02/12/19 14:01:37 PST, Use the "Patient Pharmacy" button in the toolbar to review/update the patient's pharmacy for ePrescribe.

Completed

CT Brain WO Contrast: 02/12/19 14:02:00 PST, Stat, Reason: Trauma, Patient does not have IV, Patient not on O2, Standard, OK

CT Cervical Spine WO Contrast: 02/12/19 14:02:00 PST, Stat, Reason: Trauma, Patient does not have IV, Patient not on O2, Standard, OK.

Head Computed Tomography: CT Brain WO Contrast Event Date: 02/12/2019 14:27 Updated: 02/12/2019 14:44**PST****CT Brain WO Contrast**

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Reason For Exam**Trauma****Report**

This document has an image

REPORT**CT Brain WO Contrast****CLINICAL INDICATION:**

Male, 37 years of age. Trauma

COMPARISON:

None

TECHNIQUE:

Contiguous axial images were obtained from the vertex through the skull base. This CT exam was performed using one or more of the following dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

FINDINGS:

No acute intracranial hemorrhage, midline shift, or pathologic extra-axial fluid collection. Ventricles and cisterns are normal in size and configuration for the patient's age. Gray white differentiation is

Printed by: Pillai, Cristy A
Printed on: 02/13/2019 08:42 PSTPage 3 of 6
(Continued)

3/1981

* Auth (Verified) *

ED Physician Notes

ARTEAGA, JOSE O - 101-415-41

* Final Report *

maintained. Calvarium is grossly intact. Soft tissue swelling and laceration over the high right frontal calvarium. No calvarial fracture.

Hemorrhagic air-fluid level left maxillary sinus concerning for left orbital floor fracture. Correlation for focal tenderness over the left orbital region.

IMPRESSION:

1. No grossly acute intracranial abnormality. Soft tissue laceration and soft tissue swelling over the high right frontal calvarium. No calvarial fracture.
2. Hemorrhagic air-fluid level left maxillary sinus concerning for left orbital floor fracture.

Radiation Dose: CTDI (Vol): 59.08 Total DLP (mGy cm): 1148.00

Signed by: Lorraine M Ash, DO on 2/12/2019 2:41 PM

Signature Line

*** Final ***

Electronically Signed By: Ash, DO, Lorraine Marjorie

on 02/12/2019 14:41

Radiology results: Computed tomography, CT Cervical Spine WO Contrast Event Date: 02/12/2019 14:26 Updated: 02/12/2019 14:42 PST

CT Cervical Spine WO Contrast

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Reason For Exam

Trauma

Report

This document has an image

REPORT

CT Cervical Spine WO Contrast

CLINICAL INDICATION:

Male, 37 years of age. Trauma pain.

Comparison: None available.

TECHNIQUE: Contiguous axial images were obtained of the cervical spine. This CT exam was performed using one or more of the following dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique. Additional sagittal and coronal reformatted images were obtained.

Findings: There is straightening of the cervical spine which may reflect patient positioning or underlying

Printed by: Pillai, Cristy A

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(Continued)

ED Physician Notes
* Final Report *

ARTEAGA, JOSE O - 101-415-41

muscle spasm. Cervical vertebral body heights are maintained. No acute fracture or traumatic subluxation. The odontoid process, articular pillars, and occipital condyles are intact.

Disc space heights are grossly preserved. No significant bony encroachment on the central canal or neural foramen. Paraspinal musculature is grossly unremarkable.

IMPRESSION:

- 1. No acute fracture or traumatic subluxation of the cervical spine. There is straightening of the cervical spine which may reflect patient positioning or underlying muscle spasm.**

Radiation Dose: CTDI (Vol): 26.63 Total DLP (mGy cm): 535.00

Signed by: Lorraine M Ash, DO on 2/12/2019 2:39 PM

Signature Line

*****Final *****

Electronically Signed By: Ash, DO, Lorraine Marjorie

on 02/12/2019 14:39

Notes: Patient was seen and evaluated by myself nursing, notes reviewed laboratory studies were obtained patient was discharged I tried to speak to the jail doctor nevertheless he was in a meeting and was not available. I did speak to the patient directly about the potential orbital wall fracture and that he would need to follow-up with the jail doctor in regards to that I also had the nurse it was attending to the patient speak to the jail nurse to convey that information also.

Impression and Plan**Diagnosis**

Scalp laceration 1-1/2 cm closed

Post head injury

Plan

Condition: Stable.

Disposition: Discharged: Time 02/12/2019 15:21:00, to home.

Patient was given the following educational materials: CONCUSSION, No Wake Up, CONCUSSION, No Wake Up. Follow up with: MD NONE Within 1-2 days; Follow up with primary care provider Within 1-2 days Follow-up with the jail doctor in the morning and address the issue of a potential orbital wall fracture.

C counseled: Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.

Notes: This chart has utilized a medical scribe. I have reviewed its contents and agree with the documentation.

Signature Line

Electronically signed by: Amin, DO, Manish N

Signed on: 12-Feb-2019 15:22 PST

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Printed on: 02/13/2019 08:42 PST

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(Continued)

* Auth (Verified) *

ED Physician Notes
* Final Report *

ARTEAGA, JOSE O - 101-415-41

Addendum by Amin, DO, Manish N on February 12 2019 15:24 PST (Verified)
Patient states his tetanus status is up-to-date. He had a tetanus shot 4 months ago

Signature Line

Electronically signed by: Amin, DO, Manish N
Signed on: 12-Feb-2019 15:24 PST

Completed Action List:

- * Perform by Amin, DO, Manish N on February 12 2019 14:16 PST
- * Modify by Greenlee, ED Scribe, Jade C on February 12 2019 14:19 PST
- * Modify by Greenlee, ED Scribe, Jade C on February 12 2019 14:29 PST
- * Modify by Greenlee, ED Scribe, Jade C on February 12 2019 15:05 PST
- * Modify by Amin, DO, Manish N on February 12 2019 15:22 PST
- * Sign by Amin, DO, Manish N on February 12 2019 15:22 PST Requested by Greenlee, ED Scribe, Jade C on February 12 2019 15:10 PST
- * VERIFY by Amin, DO, Manish N on February 12 2019 15:22 PST
- * Modify by Amin, DO, Manish N on February 12 2019 15:24 PST
- * Sign by Amin, DO, Manish N on February 12 2019 15:24 PST

Printed by: Pillai, Cristy A
Printed on: 02/13/2019 08:42 PST

Page 6 of 6
(End of Report)

* Auth (Verified) *

ED Physician Notes
* Final Report *

ARTEAGA, JOSE O - 101-415-41

Result Type: ED Physician Notes
 Result Date: February 12 2019 14:16 PST
 Result Status: Modified
 Result Title: Neck Injury-Pain *ED
 Performed By: Amin, DO; Manish N on February 12 2019 14:16 PST
 Verified By: Amin, DO, Manish N on February 12 2019 15:22 PST
 Encounter info: 37700701952, 85, Emergency, 02/12/2019 - 02/12/2019

* Final Report *

Document Contains Addenda

Neck Injury-Pain *ED

Patient: ARTEAGA, JOSE O MRN: 101-415-41 FIN: 37700701952
 Age: 37 years Sex: Male DOB: 09/09/1981
 Author: Amin, DO, Manish N

Basic Information

MSEI MD/NP/PA Time Patient Seen face to face:

Date and time 02/12/2019 14:01:32

I, Jade Greenlee, have transcribed this chart as dictated by Manish Amin, DO.

History source: Patient, EMS, Correctional facility records.

Arrival mode: Ambulance.

History limitation: None.

Additional information: Chief Complaint from Nursing Triage Note : Reason for visit history
02/12/2019 14:08 PST pt was BIBA for neck pain s/p assault .

History of Present Illness

This patient is a 37 year old male who was brought to the ED by EMS from Corcoran CA State Prison for evaluation of neck and head pain s/p ground level fall. Patient reports that he was being transported between buildings when he was hit in the head with a baton which caused him to fall to the ground and hit his head again. Patient now also reports jaw pain. EMS also reports that there is a laceration on the top of the patient's head. They report dressing the wound while en route in order to stop the bleeding. EMS denies any other prehospital treatment for relief of symptoms. Patient denies any numbness, tingling, loss of sensation in any of his extremities, chest pain, abdominal pain, or other trauma/injury.

Review of Systems

Additional review of systems information: Review of systems as above, all other systems are reviewed and negative.

Health Status

Allergies:

Allergic Reactions (Selected)

NKA.

Medications: (Selected)

PrescriptionsPrescribed

Coreg 3.125 mg oral tablet: = 1 Tab, ORAL, BID, # 60 Tab, 0 Refill(s), Maintenance, other reason (Rx)

Documented Medications

Dilantin: 300 mg, ORAL, QEvening, 0 Refill(s), Maintenance

atomoxetine: 25 mg, ORAL, DAILY, 0 Refill(s), Maintenance

Printed by: Pillai, Cristy A
 Printed on: 02/13/2019 08:42 PST

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4 - PAGES

A - D

UNST=Unrestricted

LR=Lifting Restriction- Unable to Lift more than 19 Pounds

DNM= Mobility Impairment (Lower Extremities) NOT Impacting Placement

COR - California State Prison, Corcoran

Patient: ARTEAGA, JOSE OSVALDO
 DOB/Age/Birth Gender: 9/9/1981 / 39 years / Male CDCR: V29993

Progress Notes

Document Type: Progress Note-Nurse
 Document Subject: ERV Response to back of 4A Clinic
 Service Date/Time: 2/12/2019 11:40 PST
 Result Status: Auth (Verified)
 Perform Information: Cacao,Sarah RN (2/12/2019 12:09 PST)
 Sign Information: Cacao,Sarah RN (2/12/2019 12:09 PST)
 Authentication Information: Cacao,Sarah RN (2/12/2019 12:09 PST)

ERV dispatched @ 1058 to the back of 4A clinic for a patient involve in an altercation. Upon ERV arrival to site, patient found lying on the ground under the care of PT Galan. Patient A/O x 4. No respiratory distress. Patient denies loss of consciousness. Patient on C-collar. Patient able to move all extremities. Patient with scalp LAC on top of his head to the front right side covered with dressing. Patient transferred to ERV gurney and transported to TIA. No reported loss of consciousness from staff.

Electronically Signed on 02/12/2019 12:09 PM PST

Cacao, Sarah RN, RN

Document Type: Progress Note-Nurse
 Document Subject: REFUSED IV INSERTION
 Service Date/Time: 2/12/2019 11:40 PST
 Result Status: Auth (Verified)
 Perform Information: Balaba-Gallagher,Neriza RN (2/12/2019 11:41 PST)
 Sign Information: Balaba-Gallagher,Neriza RN (2/12/2019 11:41 PST)
 Authentication Information: Balaba-Gallagher,Neriza RN (2/12/2019 11:41 PST)

REFUSED IV INSERTION. IMPORTANCE WAS DISCUSSED BY STAFF.

Electronically Signed on 02/12/2019 11:41 AM PST

Balaba-Gallagher, Neriza RN, RN

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 44773331

Print Date/Time: 8/6/2021 07:49 PDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

Exhibit 8-A

COR - California State Prison, Corcoran

Patient: ARTEAGA, JOSE OSVALDO
DOB/Age/Birth Gender: 9/9/1981 / 39 years / Male

CDCR: V29993

Progress NotesDocument Type:
Document Subject:
Service Date/Time:
Result Status:
Perform Information:
Sign Information:
Authentication Information:TTA Progress Note
TTA visit for head and neck trauma good thanks
2/12/2019 11:44 PST
Auth (Verified)
Clark,Edgar P&S (2/12/2019 11:47 PST)
Clark,Edgar P&S (2/12/2019 11:47 PST)
Clark,Edgar P&S (2/12/2019 11:47 PST)**Chief Complaint**

head trauma and neck pain

History of Present Illness37-year-old man who I was told was involved in altercation with custody officers. He has a wound on the top of his head which he said he got today. He is in a cervical collar. He denies any other injuries besides the head injury. He denies loss of consciousness. He says his left eye has some vision change secondary to the trauma today.**Physical Exam****Vitals & Measurements**T: 36.9 °C (Temporal Artery) HR: 101 (Monitored) HR: 120 (Peripheral) RR: 18
BP: 118/84 SpO2: 100%The patient is lying on his back on the gurney. He has a cervical collar on. He is awake and alert. He moves all four extremities on command. His left eye is mildly erythematous compared to the right. He has an approximately 3 cm stellate laceration on the top of his head toward the right. It does not gape. He has mild lower posterior cervical tenderness. No other wounds were found.**Assessment/Plan****Cervical spine pain**the patient will be sent to Adventist health Bakersfield for a CT scan of his cervical spine.**Change in vision**I was unable to test his vision here because of his other medical conditions.**Scalp laceration**the wound can be closed with Steri-Strips. There may be difficulty he does of the short hair that he has.**Tachycardia**heart rate is 120. This may be related to either excitement or amphetamines.**Problem List/Past Medical History**OngoingAntisocial personality disorder
Back pain
Epilepsy
Post traumatic stress disorder (PTSD)
Potential for lack of continuity of careHistoricalChest wall pain
Substance intoxication, with perceptual disturbance**Procedure/Surgical History**

Ultrasound, scrotum and contents (04/18/2015), Esophagogastrroduodenoscopy, flexible, transoral; with biopsy, single or multiple (10/14/2013), hepatic biopsy (2013), Appendectomy; (1993), CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR).

MedicationsInpatientCoreg, 3.125 mg, 1 tab, Oral, BID-KOP
Dilantin, 300 mg, 3 cap, Oral, qPMHome

No active home medications

MedicationsActive Medications:carvedilol 3.125 mg Oral BID-KOP KOP-
phenytoin 300 mg Oral qPM DOT**Social History**AlcoholFormer, Withdrawal Symptoms Present
No. Started age 16 Years. Stopped age
21 Years.

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 44773331

Print Date/Time: 8/6/2021 07:49 PDT

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EXHIBIT 4-B

COR - California State Prison, Corcoran

Patient: ARTEAGA, JOSE OSVALDO
 DOB/Age/Birth Gender: 9/9/1981 / 39 years / Male

CDCR: V29993

Progress Notes

Chief Complaint

S/P altercation yesterday

History of Present Illness

This is a patient who is being seen after he was sent out to the hospital yesterday. The patient was involved in altercation where he sustained some closed head injury. The patient was subsequently sent to the hospital for further evaluation. While in the hospital the patient had multiple CTs and the patient was discharged back to Corcoran. At this time the patient denies any chest pain or shortness of breath complains of mild headache, and mild dizziness. Patient does not complain of blurry vision. Patient does complain of occasional blood coming out of the left side of his nose after he "blows his nose". Otherwise at this time the patient denies any upper extremity paresthesias. The patient denies any abdominal pain.

Review of Systems

see hpi

Physical ExamVitals & Measurements

T: 36.8 °C (Temporal Artery) HR: 99 (Peripheral) RR: 20 BP: 128/87 SpO2: 99%

General: Alert and oriented x3 well-nourished in no apparent distress

HEENT: Right-sided scalp laceration with staples and well approximated, mild tenderness noted to the left maxillofacial area otherwise patient is able to open and close his mandible, without any difficulties bilateral pupils are equal reactive to light and accommodation, the patient's bilateral globes are intact sclerae clear and white.

Cardiovascular: Heart sounds are regular with no murmurs or gallops

Respiratory: Lungs are clear to auscultate bilaterally with no wheezing or rhonchi

GI: Abdomen soft nontender bowel sounds are present

Neurological: GCS of 15 with no focal neurological findings no asymmetry no lateralizing signs

Medical Decision Making

Review of the patient's chart shows the patient had a CT of the brain which showed no grossly acute intracranial abnormality soft tissue laceration and soft tissue swelling over the high right frontal calvarium with no calvarial fracture. Hemorrhagic air-fluid level left maxillary sinus concerning for left orbital fx. Patient is neurologically intact with no focal neurological findings. The patient will be referred to see Maxillofacial surgeon. Currently the patient has no red signs that require the patient to be sent out to the hospital. The patient was evaluated in the emergency room and was subsequently discharged back to Corcoran. Patient understood the plan and just as he arrived into the TTA ambulating with a steady gait the patient was discharged ambulating without any difficulties.

Assessment/Plan

Head trauma

Ordered:

Request for Oral & Maxillofacial SurgeryScalp laceration

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 44773331

Print Date/Time: 8/6/2021 07:49 PDT

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Exhibit 8-C

Problem List/Past Medical HistoryOngoing

Antisocial personality disorder

Back pain

Epilepsy

Post traumatic stress disorder (PTSD)

Potential for lack of continuity of care

Historical

Chest wall pain

Substance intoxication, with perceptual disturbance

Procedure/Surgical History

Ultrasound, scrotum and contents (04/18/2015), Esophagogastrroduodenoscopy, flexible, transoral; with biopsy, single or multiple (10/14/2013), hepatic biopsy (2013), Appendectomy; (1993), CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR).

MedicationsInpatient

Coreg, 3.125 mg, 1 tab, Oral, BID-KOP
 Dilantin, 300 mg, 3 cap, Oral, qPM
 Tylenol, 650 mg, 2 tab, Oral, TID-KOP,
 PRN

Home

No active home medications

Medications

Active Medications:
 acetaminophen 650 mg Oral TID-KOP KOP
 PRN: pain
 carvedilol 3.125 mg Oral BID-KOP KOP
 phenytoin 300 mg Oral qPM DOT

Social HistoryAlcohol

Former, Withdrawal Symptoms Present
 No. Started age 16 Years. Stopped age 21 Years.

Never

Criminal History

Criminal History: Juvenile History, [REDACTED]
 [REDACTED]

COR - California State Prison, Corcoran

Patient: ARTEAGA, JOSE OSVALDO
 DOB/Age/Birth Gender: 9/9/1981 / 39 years / Male CDCR: V29993

Progress Notes

Document Type: Progress Note-Nurse
 Document Subject: 7362
 Service Date/Time: 2/28/2019 10:07 PST
 Result Status: Auth (Verified)
 Perform Information: Trovao,Joe RN (2/28/2019 10:14 PST)
 Sign Information: Trovao,Joe RN (2/28/2019 10:14 PST)
 Authentication Information: Trovao,Joe RN (2/28/2019 10:14 PST)

IP was seen for 7362 stating was going to start hunger strike because the food was giving him chills and sweats feels he is allergic to food, no history of food allergies IP does have seizure history in on dilantin, no acute respiratory distress seen, no rashes noted, IP doeshav some bald spots to his scalp, has pcp appt. already pending for that, also noted to have 3 staples to top of head from OTM vist to hospital for head trauma and laceration, no orders seen for staple removal wound is healed, with scab staples were removed, no s/s infection seen, instr. to keep pcp appt. f/u RN as needed, verbal understanding given RTC stable.

Electronically Signed on 02/28/2019 10:14 AM PST

*C custody continued to retaliate and
HARASS me long after they ASSAULTED me.*

Trovao, Joe RN, RN

Document Type: Progress Note-Nurse
 Document Subject: refusal
 Service Date/Time: 2/25/2019 09:51 PST
 Result Status: Auth (Verified)
 Perform Information: Trovao,Joe RN (2/25/2019 09:53 PST)
 Sign Information: Trovao,Joe RN (2/25/2019 09:53 PST)
 Authentication Information: Trovao,Joe RN (2/25/2019 09:53 PST)

IP refused RN line for 7362 c/o head and shoulder pain, refusal was cosigned do to IP refusing to sign.

Electronically Signed on 02/25/2019 09:53 AM PST

Trovao, Joe RN, RN

Document Type: Progress Note-Nurse
 Document Subject: Per pt. he received Tdap 4 months ago in KVSP
 Service Date/Time: 2/12/2019 12:04 PST
 Result Status: Auth (Verified)
 Perform Information: Balaba-Gallagher,Neriza RN (2/12/2019 12:06 PST)
 Sign Information: Balaba-Gallagher,Neriza RN (2/12/2019 12:06 PST)
 Authentication Information: Balaba-Gallagher,Neriza RN (2/12/2019 12:06 PST)

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 44773331

Print Date/Time: 8/6/2021 07:49 PDT

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Exhibit B ~ D